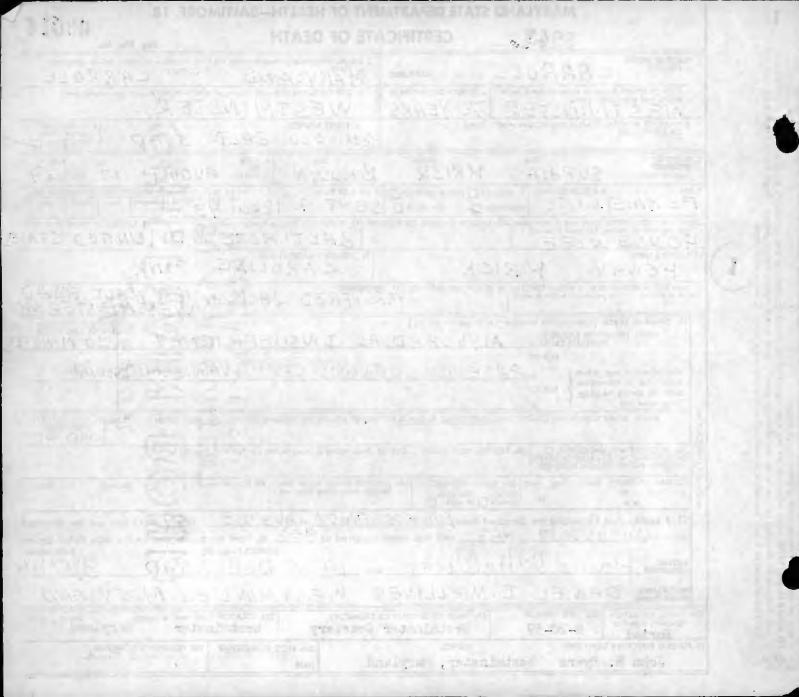
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



0010

CERTIFICATE OF DEATH

08915

1. PLACE OF DEATH O. COUNTY CARROLL MARY b. CITY OR LOWING outside corporationits, write c. LENGTH OF STAY	O SIGNAL RECOGNICE With a day of the distribution Parishana before additional
L CITY OF SOME A cutide confidence Ministry with a serious of cray	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY BALTIMORE
SPARROWS FOINT St year	s Sparrows Point (19) 03x-2
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield state Hospital Marvlane	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO C
3. NAME OF DECEASED (Type or print) WILLIAM GARROLL BUCKLER. J.	Last 4. DATE Month Day Year
6. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED 13 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
male white WIDOWED DIVORCE	lost birthdoy) Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Hospital attendant 3. FATHER'S NAME	Maryland U.S.A.
	Mabel Rawlings
William Garroll Buckler, Sr. IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO.	
Yes, no, or unknown (If yes, give war or dates of service)	3 William Carroll Buckler, Sr. Balto, Md.
18. CAUSE OF DEATH [Enter only one couse peraline for (a), (b), and (c).	1/7 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ho breumonea ONSET KNO DEATH
491 X DUE TO	
Canditions, if any, which) (b)	
gove rise to immediate DUE TO	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOR PERFORMED? YES NO [
	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.) (City or town) (County) (Sto
	11 28, 195 / to cing 15, 19 That I last saw the decease
21. I certify that I attended the deceased fram.	
	death accurred at A.M., from the causes and an the date stated abo
alive an aug (5, 19, 54, and that	
alive an account of that	death accurred at S. A.M., from the causes and an the date stated above ADDRESS (Street, city or lown, stole) DATE SIGN Sykesville, Md.
actual signature Physician's Ellie S. Magolin 220. Burial, CREMATION, 22b. Date Thereof 22c. Name Of CEM	ADDRESS (Street, city or lown, stole) DATE SIGN
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Ellis S. Magolin 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMIRE REMOVAL (Specify)	ADDRESS (Street, city or lown, stole) M.D. Sykesville, Md. ETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
alive an	ADDRESS (Street, city or lown, stole) ADDRESS (Street, city or lown, stole) DATE SIGN Sykesville, Md. Sykesville, Md. 22d. LOCATION (City, town, or county) (Stote)

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carboa papers. Pages 1 and 2 should be filled with death. Page 4 M TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha after death in any event within 72 haur the registrar priar to burial, crematian, ar remayal, and TO HOSPITA

VS A1S (4) 1SM 9/SB

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TO HOSPITA TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral direct	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed-w	1	
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certi		ng ph	e rem	J. Fich	1
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requi	on.	n sign	sit pe	ni puc	
WD 0	physici	s pee	al-trac	oval,	
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	3	DIREC	ld be	prior	
PITA	e reto	RAL	shau	istrar	
HOS	may be retald by the haspital ar attending physician.	EZ Z	age 3	the registrar prior to burial, cremation, ar remayal, and in any event within 27 had after death.	
5	E	0	Q.	400	

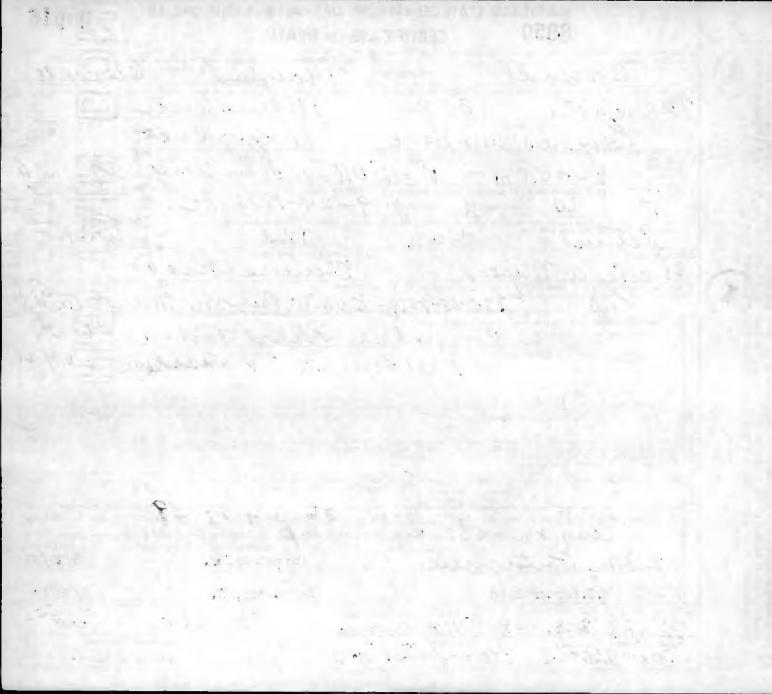
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8950 **CERTIFICATE OF DEATH**

08916

Reg. Dist. No.

- 1		
	3. PLACE OF DEATH G. COUNTY ALLUALL MARYLAND 2. USUAL G. STA	RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY County
	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest tawater 30 400 X	OR TOWN (If guiside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSTIAL (If not in hospital, give street address) OR INSTITUTION LOKELY LUCE Muss. House	EET ADDRESS I YOUR AT SERIOENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) ILAURA - WHOTELE OF UR	GOOW DEATH aug 29 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF WIDOWED DIVORCED 9	24-1886 9. AGE (In yorks IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of porking life, even if retired) Helical	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? W.S.A.
	13. FATHER'S NAME 14. MOTE 8	HER'S MAIDEN NAME LILLIA RICL
1	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT	a M Bugoon Manchester Md
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which)	seur Farence interval between onstrand Death.
	gove rise to immediate couse (o), stoling the <u>under-lying couse lost.</u> (b) DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF T	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
		ture of injury in Part I or Port II of item 18.)
		URY (Hame, farm, 20f. (City or town) (County) (State) office bldg., etc.)
	21. I certify that I attended the deceased from 9 7 7 7 19 alive an 0, 19 0, and that death accurred	
	SIGNATURE M. C. Partirfield M.D.	Hampstead, Md. B/28/59
	PHYSICIAN'S M. C. Porterfield	Hampstead, Md. 8/28/59
	220. BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATOR SHOWN STREET, STRE	DRY 22d LOCATION (City, jown, or county) 7151018
	23. FUNDRAL DIRECTOR'S SIGNATURE HOLLINGSTEED WA	DATE AUG 3 1 '59 CALLING & KARA



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9051

CERTIFICATE OF DEATH

08917

	CAOT		CERTIFICA	IE OF DEAT	п		Reg. Dist.	No.
PLACE OF DEATH O. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary 1		ed. If institution b. COUNTY	on: Residence	before admission)
b. CITY OR TOWN RURAL and give r Syke sv			GTH OF STAY IN 15	c. CITY OR TOWN (IF		limits, write RI	VO/-	e nearest town)
OR INSTITUTION	TAL (If not in hospital, g		ec l'anna le	d. STREET ADDRESS 6922 B	ank Stre	et		e. IS RESIDENE ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	Fir The	resa	Middle	Last Barrice	4. DATE OF DEATH	Augu		Day Year
5. SEX Female	6. COLOR OR RACE			Date of Birth December 24	, 1876	AGE (In years lost birthdoy) 82 yrs.	IF UNDER 1	YEAR IF UNDER 24
Hous	ON (Give kind of work or king life, even if retired ewife	done 10b. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole Maryl	and	ry)		USA.
13. FATHER'S NAME	Henry Mahl	ing		14. MOTHER'S MAIDEN	NAME Se Cherl	Le		
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOCIAL		ormant pringfield S	teta Nos	Addr		1
18. CAUSE OF DE PART I, DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE \USE (o	-		م د د ا م د ز) W	SON CORD		INTERVAL BETWEE ONSET AND DEAT
Conditions, if a gove rise to cause (a), stating lying couse lost.	the under-	2-1	Intervose duscase eneraliz		erolio sci			Years
PART II. OT	HER SIGNIFICANT CON			OT RELATED TO THE TERM		ONDITION GIV	EN IN PART I	(a) 19. WAS AUTO
20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRED.	(Enter nature of injury in	Port 1 or Part II	of item 18.)	100	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes		at while	CE OF INJURY (Home, farr ory, street, office bldg., etc.	m, 20f. (Cily or	town)	(Cou	unty) (S
alive an Au	hat I attended the gust 19,			., 19 .59 , ta_A1 accurred at_ 1: :301		causes an	d an the d	
PHYSICIAN'S NAME (Type)	Rita S. Gl	ahn. M.	D.	SpringfiSykesvill			tal	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO			S GOVERNS	122d. LOCATION		r county)	(State)
23. FUNERAL-DIRECTOR	es Conkles	J 549	DDRESS 4413ELA	IRRD DATE DATE	- 150		trar's sign	7 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

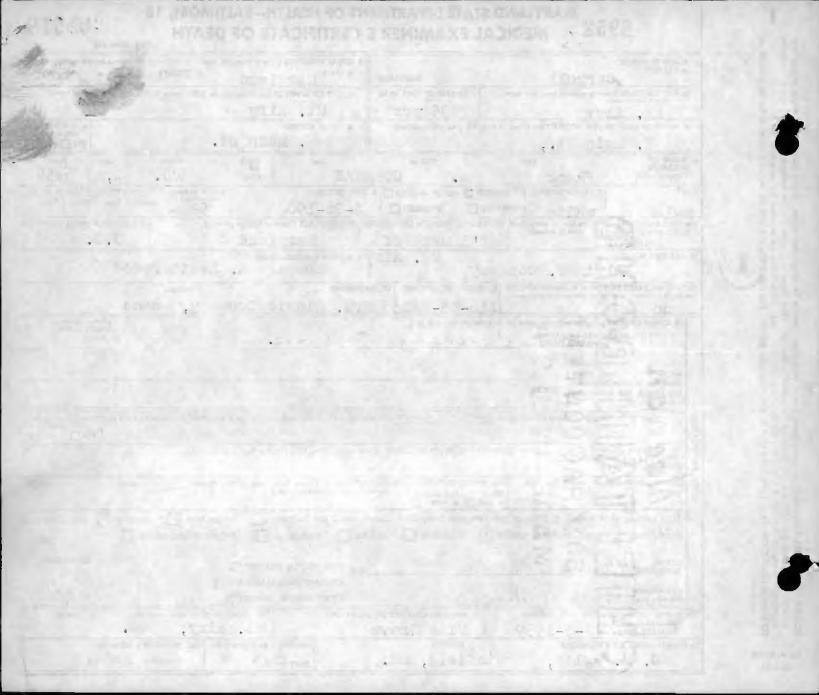
08918

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE			ence before admission)
Carro	11	MARYLAND	o. STATE Mary	land	b. COUNTCATT	oll
b. CITY OR TOWN (If outside corpore and give negret town)	to limits, write RURAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate I	imits, write RURAL and	t give nearest town)
Mt. Airv		35 yrs	X Mt. A	liry		
d. NAME OF HOSPITAL OR INST	TUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM2
N. Main S	t.,		N. N	Main St.		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print) FRa	nk	A. CON	AWAY	OF DEATH	AUG.	2, 1959
5. SEX 6. COLOR	OR RACE 7- MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9, AGI	(In years IF UNDER	
male whi	te WIDOWED	DIVORCED [5-26-1900		9 yrı. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kin during most of working life, even	d of work done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
Banker		11 Bank of	Mary	7land		U.S.
13. FATHER'S NAME		Mt. Air	74. MOTHER'S MAIDEN	NAME		-
Alvin	F. Conawa	y	Bess:	le A. Le	atherwoo	ď
15. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (Iff yes, nive we	RMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address	
no		16-05-8825	Mrs. Minn:	le Conawa	y. same	
18. CAUSE OF DEATH [Enter or	ly one couse per line t				-VZ	INTERVAL BETWEEN
PART I. DEATH WAS CAU		remary	Oce luce	6-24		ONSET AND DEATH
420.1	DUE TO					
Conditions, if ony, which }	65					
gove rite to immediate cause	DUE TO					
(a), stating the underlying couse lost.	(c)					
Z PART II. OTHER SIGNIFIC		INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINALDISEASE CONT	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFIC	321111					PERFORMED?
20a. EXTERNAL CAUSE WAS	206. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Pr	ort I or Port II of item	18.)	7
PRIMARY OF CONTRIBUTING	u					
3 20c. TIME OF INJURY Month	, Day, Year 20d. II	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, fo	rm, 20f. (City or tow	n) (Cou	inty) (Slate)
20c. TIME OF INJURY Month	White of wor	Not while facto	ry, street, office bldg., e	lc.)		
21. I certify that I tack			re, held an Auton	sv 🗍 Inspect	ion Kl. Inquir	y S and find that
death resulted from:	_	<i>_</i>	ide, Homicio		mined couse	l Cara in a mar
	1		, 110tillete	on one		! *
ACTUAL TELLEDIA	1 7/11.	11	CHURC MENICAL	EYAMINED [DATE SIGNED
SIGNATURE CLULY	1 1111111	da l	CHIEF MEDICAL			DALE SIGNED
1/1-	1. 1141-K	N	_M.D. CHIEF MEDICAL ASSISTANT MEDI			0/2/
EXAMINER'S A DE F	IMAR	5#	_M.D. ASSISTANT MEDI	CAL EXAMINER		8/3/3
220. BURIAL CREMATION, 22b. DA	T. MAR	S ## 22c. NAME OF CEMETERY OR	ASSISTANT MEDI DEPUTY MEDICA	CAL EXAMINER L EXAMINER	ity, town, or county!	8/3/39
220. BURIAL, CREMATION, 22b. DA REMOVAL (Specify)	TE THEREOF		ASSISTANT MEDICA DEPUTY MEDICA CREMATORY	CAL EXAMINER CAL EXAMINER 228. LOCATION (C	city, town, or county)	8/3/59 (Stote)
220. BURIAL, CREMATION, 22b. DA	-1959	S# 22c. NAME OF CEMETERY OR Pine Grove ADDRESS	ASSISTANT MEDI DEPUTY MEDICA CREMATORY	CAL EXAMINER CL L EXAMINER CALL 22d. LOCATION (C. Mt. AII		8/3/59 (Stote)

VS. A15ME(5) 5M 9/55

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FUNERAL I 0 A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before odmission) Carroll b. COUN Baltimore 610y Maryland MARYLAND b. CITY OR TOWN (II outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Sykesville. Md. 27 vrs. Lmos. 3dvs Baltimore /2 X d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Springfield State Hospital 126 Overbrook Rd YES NO X 3. NAME OF 4. DATE First Middle Month Year DECEASED JAMES DEATH (Type or print) A. GROSS August 1959 5. SEX 6. COLOR OR RACE 7- MARRIED TO NEVER MARRIED IX. B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Male White 50 WIDOWED [7 DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. None Maryland 13 FATHER S NAME 14, MOTHER'S MAIDEN NAME Edward J. Cross Catherine O'Connor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT IYes no er unknown) (If yes, give wor or dates of service) No Records. Springfield State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY-Bilateral bronchopneumonia. Days IMMEDIATE CAUSE (a) **DUE TO** Skull fracture, right Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying cause fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPS Epileptic psychosis. Acute pyelonephritis. (weeks) PERFORMED? Skyll/fracture//ct/ NO [20g EXTERNAL CAUSE WAS PRIMARY 5 or CONTRIBUTING EL CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) During epileptic convulsion. | 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or fown) | While | Not while | Springs | Teld State | Sykesville | Sykesville | Month, Doy, Year (County) (State) Md. Carroll 21. I certify that I took charge of the remains described obove, held on Autopsy . Inspection [X]. Inquiry . ond in my opinion death resulted from: Notural causes . Accident X, Suicide . Homicide ., Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S DEPUTY MEDICAL EXAMINER [7] NAME (Type) James T. Marsh 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) Burial (Specify) New Cathedral EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Dir. 4101 Edmondson Ave

DATE AUG 1 8



VS A15 (4) 15M 9/58

IS RESIDENCE ON A FARM?

YES NO

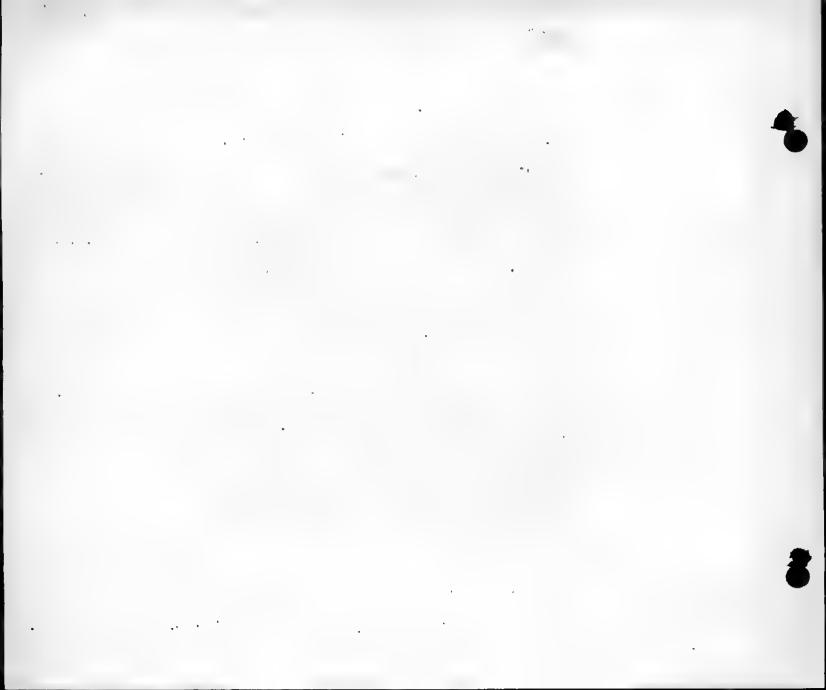
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08921 Reg. Dist. No.

Baltimore

Day

le	6. COLOR OR RACE	7. MARRIED	MEVED MADDIED	- 0.04		-		st I			
			IMEACK MAKKIED	BDA	TE OF BIRTH] '		IF UNDER	_	IF UNDE	
	White	WIDOWED [DIVORCED [10-11-83		lost birthdoy) 75 yrs.	Months	Days	Hours	Min.
AL OCCUPATION	N (Give kind of work on life, even if retired	ione 10b. KIND C	OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	or foreign co	untry)	12. CIT	ZEN OF	WHATC	OUNTRY
-			ewery		Germa	nv			TT.	S.A.	
ER'S NAME				14.					~		
Fere	dinand Dahr	ns			Alvina K	ramp					
						field			1		
PART I DEAT	H WAS CAUSED BY:	Conco	-	art fa	ailure				ONS	ET AND	
Lolo, O nditions, if on verise to im	DUE TO y, which (b) mediate DUE TO	Arter				ie			4	iear	9
se (o), stoting the course lost.	ne <u>under-</u> (c		alized ar	rterio	osclerosis				1	lear:	S
hronic l	orain synd	rome ass	ociated w	vith s	senile brai	n dise	ase, wit		T 1(o) 15	PERFO	ALTOPSY RMED? NO 🛣
TIME OF INJURY Hour o. m. p. m.	Month, Day Yes	While N	ot while	e PLACE C factory,	OF INJURY (Home form street, office bldg., etc.	20f. (City	or lown)	{	County)		(Stote
					urred a <u> 2:50_A</u>	M, from t	he causes an eet, city or town,	d on the state)	e date	stated DAT	l abave E SI GNE E
E (Type)	llis Margo	lin, M.	D.		Sykes	ville,	Marylar	d			
OVAL (Specify)	8-19-1959	6	ardens	of I	Faith	Trump	Mill Ro	TRAR'S SI		Co.	Md
	PART I DEAT PART I DEAT ACCIDENT ACCIDENT IME OF INJURY HOUR O. M. I Certify the e on AT ACCIDENT ACCIDENT ACCIDENT ACCIDENT ACCI	Ferdinand Dahr DECEASED EVER IN U. S. ARMED FOR unhanown) (If yes, give wer or dotes of set On PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Inditions, if ony, which re rise to immediate les (o), stoting the under. g cause lost. PART II OTHER SIGNIFICANT CON PART II OTHER SIGNIFICANT CON PART II OTHER SIGNIFICANT CON ONTRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER) IME OF INJURY Month, Doy Yec Hour o. m. 19 I certify that I attended the e an August 17 IAL AL CREMATION, 226 DATE THEREO OVAL (Specify) AL CREMATION, 226 DATE THEREO OVAL (Specify)	Ferdinand Dahms DECEASED EVER IN U. S. ARMED FORCES? DECEASED EVER IN U. S. ARMED FORCES? If yes, give were or defen of service) CAUSE OF DEATH [Enter only one course per line for (including the property of the course per line for (including the property of the course per line for (including the property of the course per line for (including the property of the course of th	Ferdinand Dahms DECEASED EVER IN U. S. ARMED FORCES? DECEASED EVER IN U. S. ARMED FORCES? If yes, give wer or dofin of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Inditions, if ony, which Ive rise to immediate to immedi	Ferdinand Dahms DECEASED EVER IN U. S. ARMED FORCES? O	Ferdinand Dahms Ferdinand Dahms Alvina K DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Records, Spring CAUSE OF DEATH [Enter only one couse per line for (e). (b). ond (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Congestive heart failure IMMEDIATE CAUSE (e) DUE TO Inditions, if ony, which (b) Arteriosclerotic heart disease Immediate cause (e) DUE TO Inditions, if ony, which (b) Arteriosclerotic heart disease Immediate cause (e) DUE TO Immediate cause (e) Congestive heart failure Immediate cause (e) Arteriosclerotic heart disease Immediate cause (e) Arteriosclerotic heart disease Immediate Due To Immediate Congestive heart failure Immediate Due To Immediate Congestive heart failure Immediate Due To Immediate Due To Immediate Congestive heart failure Immediate Due To Immediate Congestive heart failure Immediate Due To Immediate Due To Immediate Congestive heart failure Immediate Due To Immediate Due To Immediate Congestive heart failure Immediate Due To Immediat	Ferdinand Dahms Ferdinand Dahms Deceased ever in u. s. Armed Forces? 16. Social Security No. (If you, give were or down of service) CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c)] PART I DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (o) DUE TO Inditions, if ony, which te rise to immediate to Due To Inditions, if ony, which te rise to immediate to Due To Inditions, if ony, which te rise to immediate to Due To Generalized arteriosclerosis PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. 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INJURY OCCURRED (Enter noture of injury in Port I or Port III of Hem 1B) IN COFINDER ON THE CONDITION OF While of work of work of the couse and power of work of the couse of the cou	Ferdinand Dahms Ferdinand Dahms Alvina Kramp Address Records, Springfield State Hospits CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o) DUE TO DUE TO diditions, if only, which re rise to immediate to (c) grouse lost. (c) Generalized arteriosclerosis PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D. SEASE CONDITION GIVEN IN PART HER, NOTIFY MEDICAL EXAMINER; MEDIATE OF INJURY Month. DOY YEAR ON THE SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D. SEASE CONDITION GIVEN IN PART HER, NOTIFY MEDICAL EXAMINER; MEDIATE OF INJURY Month. DOY YEAR ON THE SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D. SEASE CONDITION GIVEN IN PART HER, NOTIFY MEDICAL EXAMINER; MEDIATE OF INJURY Month. DOY YEAR OF INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) THE OF INJURY Month. DOY YEAR ON THE WORK OF TH	The part of the pa	Terdinand Dahms Decade Dever In U. S. Armed Forces? 16. Social Security No. INFORMANT Records, Springfield State Hospital CAUSE OF DEATH [Enter only one course per line for (e). (b). ond (c)] PART I DEATH WAS CAUSED BY: O Due TO Death [Enter only which the rise to immediate by the rise to immediate a course of the cours



	899	D	CERTI	FICAT	E OF D	PEATH			Reg. Dist.	No.	
o. COUNTY Carr	тн 01 1		MARY	LAND 2.	o. STATE	DENCE (Whe	re deceased lived.	If institution, COUNTY	n: Residence	before odn	nission)
b. CITY OR TO	WN (If autside corporate	limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If ou	tside corporate lin	nits, write RL	IRAL and give	nearest to	wn}
	ive nearest town)		28 days		Balt	imore	Maryla	nd	3 v .,	4	
	OSPITAL (If not in hospit			e	d STREET A	DDRESS					ESIDENCE A FARM?
	eld State H	ospital	Maryland		1623 I	ngram	Road			YES	□ NO 📮
NAME OF DECEASED (Type or print)	Dean John	First Michael	Dean		las	1	4. DATE OF DEATH	Manti 8	h	Doy 15	Year 19 59
5. SEX		CE 7 MARRIE	D NEVER MARRI	ED 🔲 8. D	ATE OF BIRTH	4	9. AG	E (In years birthday)	Months Do	_	
Male	White	WIDOWED	_		-23-86		73	yrs.	1 8	iys Hou	rs Min.
during most of Laborer	f working life even if rel	ork dans 10b. K lired) iver	IND OF BUSINESS O	R INDUSTRY	11. BIRTHPL	ACE (Stote o yland	r foreign country)			S.A.	TCOUNTRY?
3. FATHER'S NAM	ιE			1	4. MOTHER'S		ME			A	
waknes a	James Dea	ın			#3	de Respond	a Cathe	rine S	tribba	3	
5. WAS DECEASE	DEVER IN U. S. ARMED		OCIAL SECURITY NO	. INFO	RMANT	_	1623 Ing				
no		213	3-05-7798	Maud	@Page	Dean]	Baltimore	ary	land_		
18. CAUSE O	F DEATH [Enter only on	e couse per line	for (o), (b), and (c).]				-		INTERVAL	BETWEEN ND DEATH
couse (a), st lying couse	Dand the nuget-	(c)	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE CON	DITION GIVE	N IN PART 1	o) 19. WA	S AUTOPSY
PART I										YES	FORMED?
OR CONTRIBU	IT WAS UNDERLYING THE DELETING TO CAUSE OF DELETING TO CAUSE OF DELETING THE DELETI	ATH	RIBE HOW INJURY O	CCURRED. (E	inter noture a	finjury in Po	ort I or Part II of	tem 18.)			
Hour o	. m.	Year 20d, IN. While of work	URY OCCURRED Nat while of work	20e PLACE foctory	OF INJURY (I , street, office	Home, farm, bldg., etc.)	20f. (City or tov	rn)	(Cau	nty)	(Stote
21. I certif	y that I attended	the decease					5		hat I last		
alive on	8-15	19.59	, and that	death ac	curred a		A, from the c				
ACTUAL SIGNATURE_	Ellis	1. m	ugh	M.D.		A	DDRESS (Street, c	ity or town, s	tote) {	3/15/	ATE SIGNE
PHYSICIAN'S NAME (Type)	Ellis S. I	Margolin	, M.D.		Sylesv	ille	, Maryla	and			
220 BURIAL, CREA REMOVAL IS BUTIAL		_	Mount Ol.				rad. location (Frederi		r county)		_{tote)} ryland
3. FUNERAL DIRE	CTOR'S SIGNATURE		ADDRESS			24a. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	
M. R. Et	chison & Sc	n, Fred	erick, Mar	ryland		DATE AU	3 2 0 '59	Cut	Lun & to	range.	

requires that the death certificate be executed within 24 carban physician c attending may be retained by the hasp tal ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached far use as the burial-transit permithe registrar priar to burial, crematian, ar remayal, and in an

director

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VS A15 (4) 15M 9/58



VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08923	0	8	9	2	3	
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Reg. Dist. No.

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission), o. STATE b. COUNTY
		WHITE MARYLAND	Viry Curag
		CHY OR TOWN II outside corporate limits writing RURAL 17 C. LENGTH OF STAY IN 16 only by the nearest town)	c. CITY OR TOWN (IT outside corporate limits, write RURAL and give pearest town)
	1/8	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS (e. IS RESIDENCE
,			ON A FARM?
	-	NAME OF DECEASED Type or print The ANT Middle	E Last de DATE Month Day Year DEATH QUESCUST 22 1959
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 0	DATE OF BIRTH 3. AGE IN 1000 IF UNDER SYEAR IF UNDER 29 HRS. 1. AGE IN 1000 IF UNDER 19 HOURS Min. 2. AGE IN 1000 IF UNDER 19 HOURS Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI uring most of whelmed life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	Falue a Nell	14. MOTHER'S MAIDEN NAME CHICKETER Little
		WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. IN 19. or welnown) 17 year given wor or dules of service)	Formant Marie Hinklobing Med
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVA BETWEEN ONSE AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caronaeca	Shrow SMIN
		4 40.0 DUE TO 4	1 4: 11 10:
		Conditions, if any, which) by Cule 1 - 0	clerate Heart Riveare Styr
		gave rise to immediate cause (a), stating the underlying DUE TO	
		cause last. (c)	
7	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{P} \)
	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	MEDICAL		E OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ry, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🔀; Inquiry 🔲, and find that
		death resulted from: Natural causes [2], Accident [], Suic	cide, Homicide, Undetermined cause
		11114.7	DATE SIGNED
		ACTUAL SIGNATURE OF TOTAL	_M.D. CHIEF MEDICAL EXAMINER
_		EXAMINER'S W. H. FOARD M.D.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
	220	BURIAL CREMATION, 226, DATE THEREOF REMOVALYSPECTOR 8-25-59 14-646	CREMATORY 22d LOCATION (City, lawn, or county) (Spate)
	23.	EUNERAL DIRECTOR'S SIGNATUSE ADDRESS	246. REGISTRAR 246. REGISTRAR'S SIGNATURE
	-	Tell to the Mostagian	CALLA DATE ALIG 27'59 Callage & France



VS A15 (4)

1SM 10/57

e. IS RESIDENCE

Hours

12. CITIZEN OF WHAT COUNTRY?

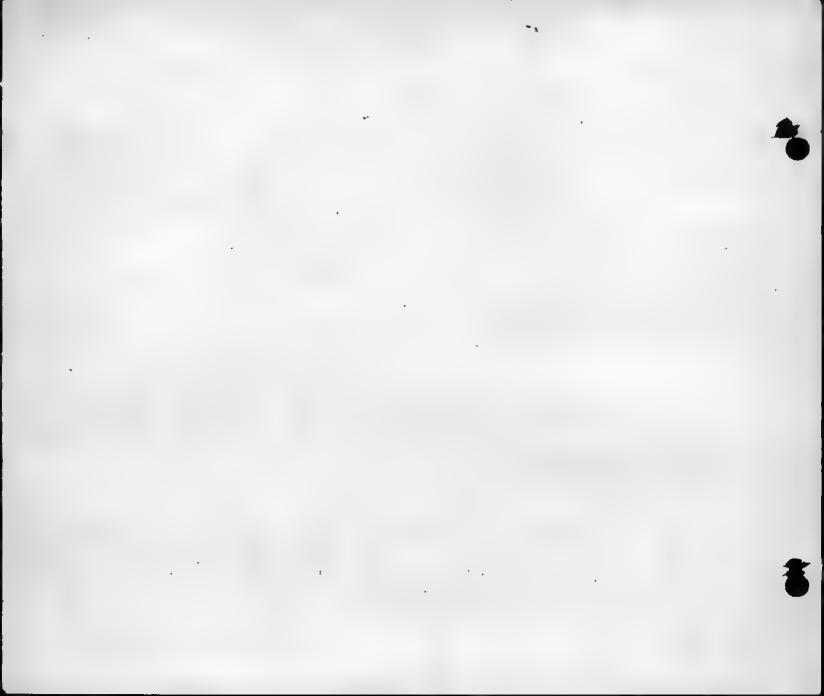
ON A FARM? YES NO 7

Year

Reg. Dist. No.

Days

INTERVAL BETWEEN DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS-AUTOPSY PERFORMED? (County) (State) 19 5, that) last saw the deceased death occurred at FERREM, from the causes and on the date stated above. ADDRESS (Street, city or toyin, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S STGNATURE 24a. RECYCLBY REGISTRAR DATEAUG 1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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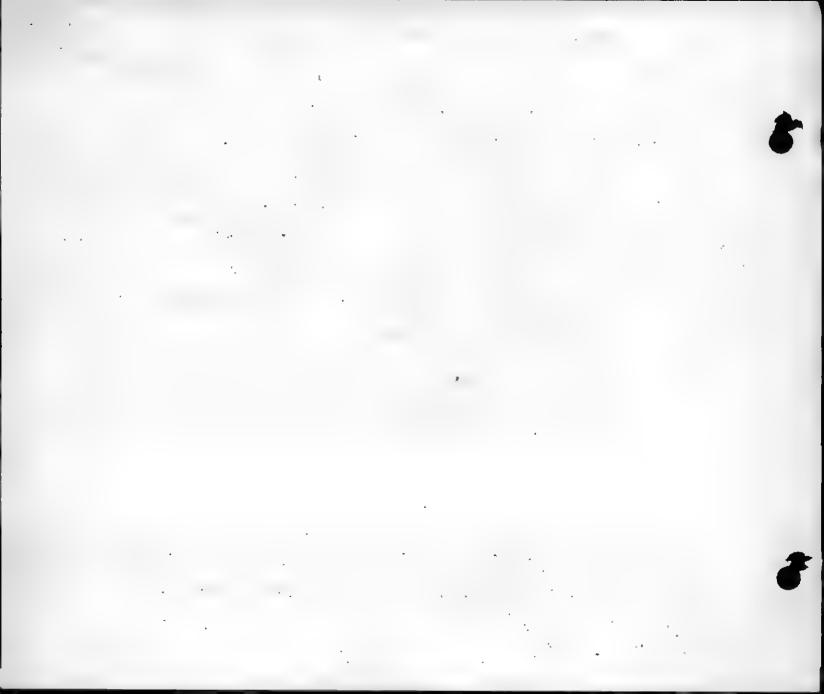
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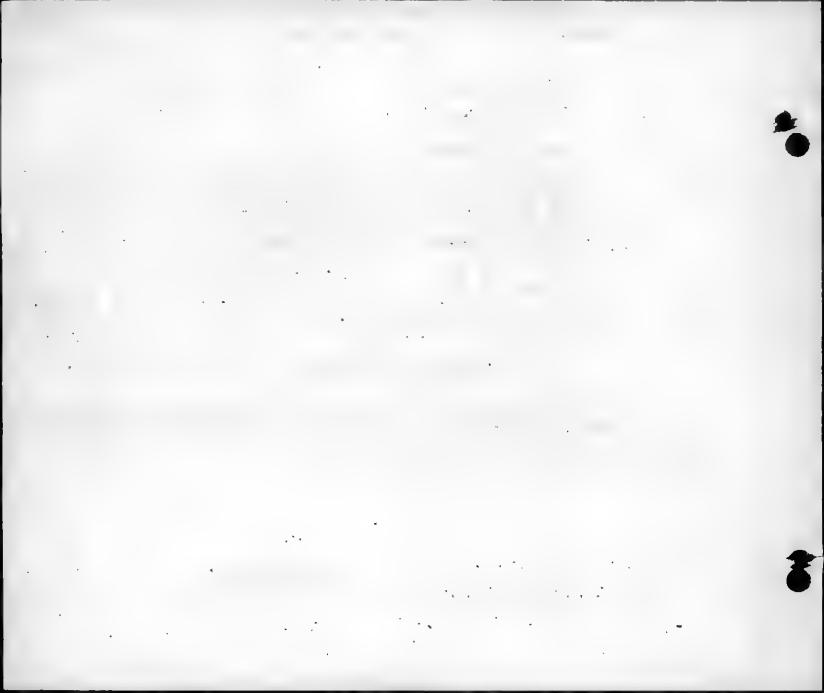
Rea. Dist. No.

funeral director, old be filled with to 3 moy be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

_			
	PLACE OF DEATH O. COUNTY Clerroll MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence of STATE)	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RUBAL and give nearest town) HELLELY The and Ruled - 40 40	c. CITY OR TOWN (I outside corporate limits, write RURAL and g	ive nearest town) Rucal
	d. NAME OF HOSPITAL of not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES X NO
	NAME OF DECEASED (Type or print) LEWIS-A-C- Guw	MITEL 4. DATE Month OF DEATH CILY /	Z Year
5.	6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH 9 AGE fin year FUNDER 1 loss birthdoy Months 8 3 rs	YEAR IF UNDER 24 HE Days Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if refired)	JSTRY V. BIRTHPLACE (Stote or foreign country) 12.CITIZ	EN OF WHAT COUNTRY
13/	Facal Guerral	14. MOTHER'S MAIDEN NAME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	WRing Ruly - Herefited	1 R.O. Me
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Cerebral Thrombos	sis	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) General Arterios	sclerosis	Unk.
_	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Marked Anaemia (Unknown Origin)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
L CERTIF	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while p. m. 19 of work of work	LACE OF INJURY (Home, form, 20f (City or town) (Cortory, street, office bldg., etc.)	ounty) (Slate
	21. I certify that I attended the deceased fram August	10 ., 19.59, to August 12 ., 19.59that I las	it saw the decease
	alive an August 11 , 12 59 , and that deat	h accurred at 7:25aM, from the causes and an the ADDRESS (Street, city or town, stole)	date stated above DATE SIGNE
	ACTUAL SIGNATURE MY, C. SONALE FREEH	M.D Hampstead, Md.	8/12/59
	PHYSICIAN'S M. C. Porterfield, M. D.	Hampstead, Md.	
220	BURIAL, CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERS (SILLIA) 8-14-59 Luthe	OR CREMATORY 22d. LOCATION (City, jown, or county)	Mid (Signe)
23.	FORFAL DIRECTOR'S SIGNATURE STORM HADDRESS HATER	DATE AUG 1 4 '59 Called S	
			C Table 1

VS A15 (4) 15M 9/58



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FUNERAL DIRECTOR:

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physician peen MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

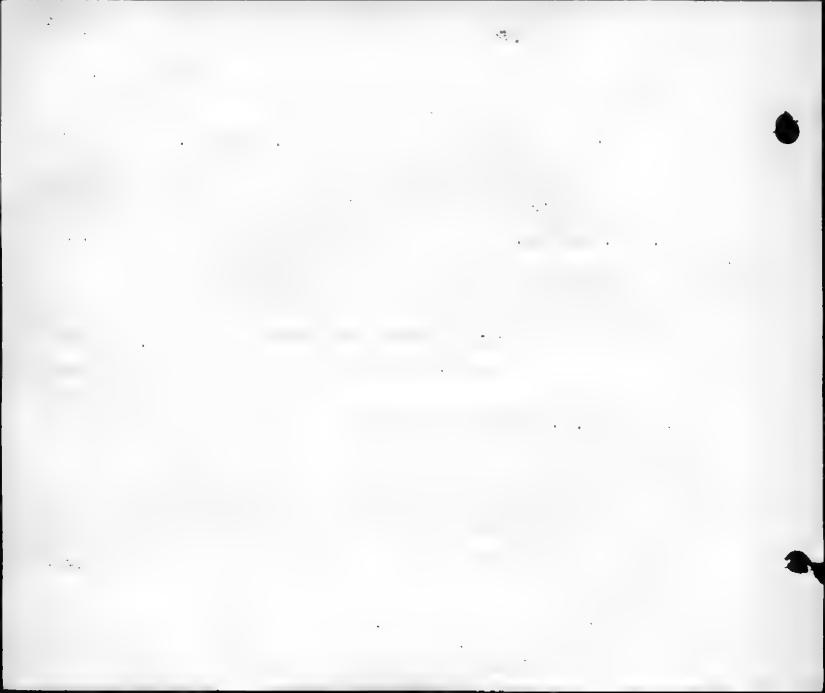


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funeral T by 2 Filled death. pup after physician move attending p ā re nos been signed burial-transit permi FUNERAL DIRECTOR: 3 should 0 VS A15 (4) 15M 9/58

director

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
2965	CERTIFICATE	OE	DEATH		

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		89	65	CERTIF	ICA	TE OF DEATH			Reg. Dis		100	00
	PLACE OF DEATH COUNTY	arroll.		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Mary)		d lived If institution b. COUNTY			e odmissi N ery	on
i	b. CITY OR TOWN (IF RURAL and give nea	outside corporate limits,	write c	LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If ou	itside corpo	prote limits, write RU	RAL ond g	jiva ned	rest town)
	Sykesvil	le	1:	1 mo. 26 d	ауы	Garrett	Park	c /	* .	bri		
7	OR INSTITUTION	C (If not in hospitol, giv				d. Street Address 4909 Aux	rora	Drive			ON A	FARM?
	3. NAME OF DECEASED (Type or print)	Theodo	ore	Middle	F	legreberg	4. DATE OF DEATH	Augus		5,	,	9 59
	5. SEX	6. COLOR OR RACE	MARRIE	DE NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years Lost birthday)	Months			
	Male	White	VIDOWED	DIVORCED		June 7, 1879		80 yrs	Manths	Doys	Hours	Min
	10a. USJAL OCCUPATION	N (Give kind of work do	ne 10b. Kl	ND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Stole o	r foreign c	ountry)	12 CITI	ZEN OF	WHAT C	OUNTRY?
	Farmer	ng me, even il remeoj		_		Norway	7			U.S.	.A.	
	13. FATHER'S NAME		•			14. MOTHER'S MAIDEN NA	AME					
	Axel Hegr	eberg				-						
	15. WAS DECEASED EVER	IN U. S. ARMED FORCE		OCIAL SECURITY NO.	II.	IFORMANT		Addre	955			
	No	, g. r. r. s.	51	7-26-0978A		Springfield	Hosp:	Ital Recor	rds -			
	PART I, DEAT	H [Enter only one county H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		_	rot	ic heart disea	256			INTE	RVAL BET EL AND Year	DEATH
	Conditions, if on	y, which) (b)										
	couse (a), stating the lying couse lost.											
,	C.B. STILL OTHER 200 ACC DENT WAS OR CONTRIBUTING I	R SIGNIFICANT COND	LE DLA LON2 CO	NYRIBUTING TO DEAT	cle:	NOT RELATED TO THE TERMIN	IAL D SEAS	E CONDITION GIVE	IN IN PAR	T 1(a) 1	PERFOI	NO D
		CAUSE OF DEATH	0b. DESCR	IBE HOW INJURY OC	CURRED). (Enter nature of injury in Pa	ort I or Por	t II of item 18.)				
	ZOC TIME OF INJURY Hour o. m. p. m	Month, Day, Year	While	URY OCCURRED Not while at work	ide. PLA faci	CE OF INJURY (Hame, farm, tary, street, affice bldg , etc.)	20f. (City	y or town)	{(ounty}		(State)
	21. I certify that alive an Aug	t I attended the c	deceased	fram June , and that a	9, Jeath	, 19 59, to Aug accurred at 8:30/	W fram	the causes and	d an the		stated	abave.
	>//		V -	11		A	DORESS (S	treet, city or town, s	tote)		DATE	E SIGNED

PHYSICIAN'S NAME (Type) Edmund Lusthaus, M.D.

8/8/59

Sykesville, Maryland

22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Ft. Lincoln Cemetery George Co.. 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

23 FUNERAL DIRECTOR'S SIGNATURE

22d BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 8/8/59

ADDRESS Robert A. Pumphrey, Bethesda 14, Md.

Springfield State Hospital

ariling & Haus

8/5/59

VS A15 (4) 15M 9/58



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10092

Reg. Dist. No.

	D COUNTY			deceased lived. If institut	tion: Residence before admiss on
	Carroll	MARYLAND	o. STATE Maryl	and b. COUNTY	Baltimore
1	b CITY OR TOWN (1 outside corporate limits write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	ide corporate limits, write	RURAL and give nearest town)
	Rural. Sykesville	7Yr.10Mo.27	ays Balt	imore	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hos		d STREET ADDRESS		e IS RESUJENCE ON A FARM?
	Springfield State Hosp		2224 Lir		YES NO E
	3. NAME OF First	Middle		DATE Month	a minimum and a
	(Type or print) Karlena		A THE STATE OF THE	MATH Aug.	29 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	P. AGE (In years leaf birthday)	Months Days Hours Min.
	Female White WIDOWED		3-31-1872	87 yn.	House Doys House Mir.
	10a. USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if refired)	IND OF BUSINESS OR INDUSTR	TY IT BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	None -		Germany		Unknown
	13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM		
	Mordecai Herm	an	Miris	m Stra	uss
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	NO	None	Hospital Re	cords, Syk	esville.
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	wheels and other states of the	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ORONAR V	Deckus	LOW	1122
	1/ 0/1 but to				
	Conditions, if ony, which) and IL	S.C.V. D.	LECANS		41.0041
	gave rise to immediate cause (
	(a), stofing the underlying DUE TO couse tost.				,
	Z PART II, OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
1	PART II, OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
	200. EXTERNAL CAUSE WAS 206. DESCRIBE	E HOW INJURY OCCURRED. (En	Her nature of injury in Part I or	Port II of liem 18 1	The Land
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			,	/
		NJURY OCCURRED 700 PLAC	E OF INJURY (Home, form, 12	Of, ICity or Iown)	(County) (State)
	20c, TIME OF INJURY Month, Doy, Year 20d, I Hour o. m. While of wo.	s Not while factor	ry, street, office bldg., etc.)		()
	21. I certify that I tack charge of the r		a hald on Autonou F	7 (2000)	havin NV and:
				, Inspection	Inquiry and in my
	apinion death resulted fram: Natural o	auses Accident L	J. Suicide , Han	nicide [_], Undeter	mined manner [_]
	ACTUAL LACEURY 2 0 PLA	come d	CHIEF MEDICAL EXAMI	NEP [7]	DATE SIGNED
	SIGNATURE		MD. ASSISTANT MEDICAL EX	Lar	8/3/1-
	EXAMINER'S JAMES	JARSH .	DEPUTY MEDICAL EXAM		100 15 C
	220 BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR C		LOCATION (City, fewn, or	r county) (State)
	134-7121 8-31-59	OHER SHAL	4 .	Baltimor	lea l
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAN'S SIGNATURE
	Druid & montin 16	1028 Tunk	Place 240 RECD BY	9 59 Cut	Ing & Typing

TO DEPUTY ME. At INTAMINER: This cellificate should be executed within 21 haum after lleoth. If any delay is referring from please execute the conficate, writing the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral form. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremation, at removal, and is any event with the Teleth.

VS A15ME 5M 2/57



			030	6		<u> </u>	Keg. Dist. No.						
	1. [PLACE OF DEATH			2. USUAL RESIDENCE (WI	nere deceased lived If institution	n: Residence before admission)						
			rroll	MARYLAND	Mary	Tand	Carroll						
	'	 LOWN (If RURAL ond give ne 	outside corporate limits, wo		1	outside corporate limits, write RU	JRAL and give nearest town)						
	<u> </u>	rural		52 yrs.	VI	Mt. Airy							
		OR INSTITUTION	AL (If not in hospital, give s	rreer oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X						
		NAME OF DECEASED	First	Middle	Losi	4. DATE Mont							
	<u> </u>	(Type or print)	DAISY	M.	HESS	DEATH AUGUS							
	5. 5			MARRIED NEVER MARRIED	8. DATE OF BIRTH	lost birthdov)	Months Days Hours Min						
		emale	1122	DIVORCED	11-26-1882								
	IVa	during most of work	ing life, even if retired)	106. KIND OF BUSINESS OR INDU		_	12. CITIZEN OF WHAT COUNTRY?						
	12	NOUSEW1:	16	home	Maryla		U.S.						
1	13.		Lloyd W. C	rimm	Barbara								
	15				NFORMANT	Addre	HE						
	[Yes		If yes, give war or dates of service)		rs. Claude								
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY. ONSET AND DEATH											
		IMMEDIATE CAUSE (a) Cardial Franchiser due to total											
		→ .	DUE TO 4	Deneral O	Elilita	of aga	_						
		Conditions, if any, which (b)											
		corse (a), stoting the under (c) advanced Chr. arthritis											
٥	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO						
		200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 206. CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item 18.)							
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	, v		ACE OF INJURY fHome, form clory, street, office bldg., etc		(County) (State)						
		21. I certify the	at I attended the dec	ceased from Leine	19.5 8 10/	un 20 1954	that I last saw the deceased						
		alive an Qu	ca 19			M. from the causes a	nd an the date stated above						
	1		DANNI			ADDRESS (Street, city or lown, a							
		SIGNATURE_	MIN	an Trale	M.O	CX Clery	MR 8-20-3						
1													
	22c	BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or	r county) (State)						
		BURIAL BURIAL	8-22-1959	Mt. Olive	t	Frederick.	Md.						
	23.	FUNERAL DIRECTOR'S		ADDRESS Md.	24g. REC'		TRAR'S SIGNATURE						
4		LA A JULA	HILL HILL	DESTRUCTION OF THE RESERVE OF THE RE	0.11	11 L U UV L/W	TOMES A CLASSIFICATION						

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by front intended director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fixed with the registrar priar ta burial, crematian, or remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SS

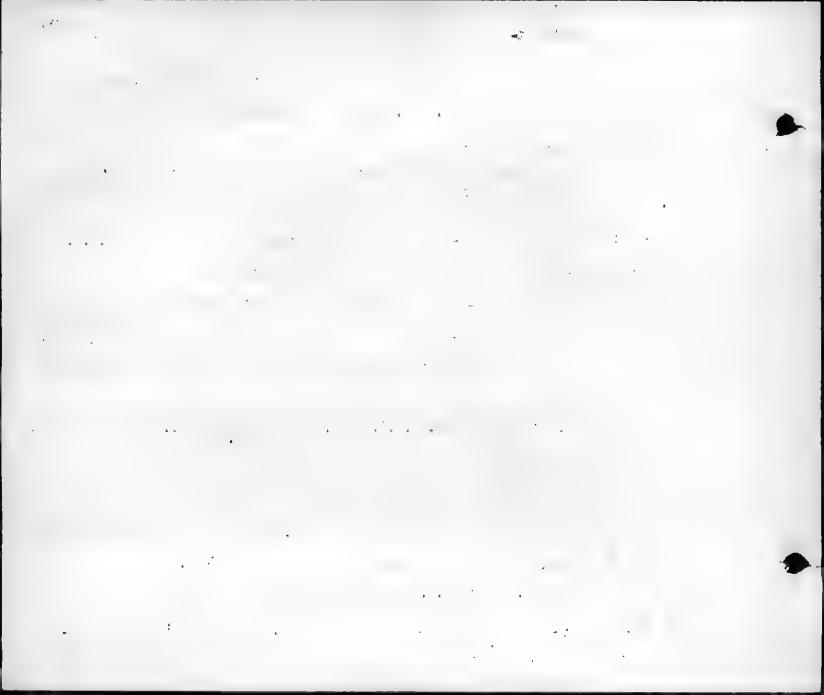


VS A15 (4) 1SM 9/S8

.- (8935

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	arroll		MAR	YLAND	2. USUAL I o. STATE	,	Vhere deceased	d lived, If instituti b COUNTY			
b. CITY OR TOWN (IF	outside corporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY			rote limits, write f	Monte	ive nearest	town)
RURAL ond give ne Sykesvi			lyr.5mo				onsvil		150	,	
d. NAME OF HOSPITA	LLC AL (If not in hospital, g	ive street (ع الم		ET ADDRESS	(CISATT.	16	2 /	e. IS	RESIDENCE
OR INSTITUTION	ield State	Hogo	Stall			None					S NO D
	Fin		Middl Middl	la l	1	Lost	4. DATE	Mor	*		Yeor
3. NAME OF DECEASED (Type or print)	Fran	ices			ear Ho		OF DEATH	Augus	st	10,	1959
S. SEX		7. MARR	IED 🔀 NEVER MARE	_	8 DATE OF	_	100	 AGE (In years lost birthday) 	Months		UNDER 24 HR
Female	White	WIDOWE	DIVORC	ED 🔲	July	28, 18	800	79 yrs.	7110111113	Days III	7013
10a USUAL OCCUPATIO during most of work	N (Give kind of work ong life, even if retired)	ione 10b.	KIND OF BUSINESS	OR INDU	STRY 11. 8IR	HPLACE (Stot	le or foreign c	ountry]	12. CITIZ	ENOFWE	HAT COUNTR'
Housewif			-			Maryla	nd			U.S.A	
13. FATHER'S NAME					14. MOTH	ER'S MAIDEN	NAME				
Thomas L	eishear					Mary M	loleswo:	rth			
IS WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY N	O. II	NFORMANT			Add	resi		
No		,	-	S	pringf	ield H	ospita.	1 Records	5		
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c	1.]	-		-				AL BETWEEN
PART I, DEAT	H WAS CAUSED BY:	Ga	ngrene of	righ	t leg					-	AND DEATH TOOKS
420.0	DUE TO								-		7,046
Conditions, if an	ar architect V	Pe	ripheral :	arter	doscle	rosis				Yea	7540
gove rise to in	nmediate				20004	20020				3. () (T 61.
lying couse last.	he under-										
Z PART II OTH	ER SIGNIFICANT CON	TIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 V	VAS AUTOPS
Arteriosc	lerotic hea	art d	iseaseC	B.S.	assoc.	with s	enile	bra in di	sease		ERFORMED?
Arteriose 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	□ CAUSE OF DEATH I	20b. DESC	CRISE HOW INJURY								
NO TIME OF INDIP	Month, Day, Yes	- 1004 16	NJURY OCCURRED	20- BI	ACE OF INITE	DV /N=== - 6==	rm, 20f. (City		10		151 4
20c. TIME OF INJURY Hour o. m. p. m.	19	While	Not while	fac	tory, street, o	office bldg., e	tc)	or town	IC	ounty)	(Stat
			k ot work	1		-16 .					
	at I attended the										
alive on Aug	ust 10,	_, 125	9 , and tha	it death	accurred	at_2::20	PM, fram	the causes ar	d an the	date st	ated abav
- A	+ 10	11	, a.	7. 3				treet, city or town,			DATE SIGNI
ACTUAL SIGNATURE	Mude	/ W	1. Gros	14.	M.B	Sprin	gfield	Hospita.	L	8/	10/59
PHYSICIAN'S NAME (Type)	Gertrude M	Gro	ss, M.D.	' '		Sykes	ville,	Maryland	1		
220. SURIAL, CREMATION	4. 226. DATE THEREO	F	22c. NAME OF CEA	METERY O	R CREMATOR			TION (City, town,			(Stote)
Burial (Sprify)	Aug. 13	59				Meth.	7 -	tonsvi]		M	d.
23. FUNERAL DIRECTOR'S		. 0	ADDRESS .	ΛΛ	5 8		C'D BY REGIST		STRAR'S SIG		
Colon w	02arber	13	aylensui	لالكر	mil	DATE A	UG 1 7 '5	59 C.	Thur S.	Kroug	



TO HOSPITAL OF

VS A15 (4) 15M 10/57

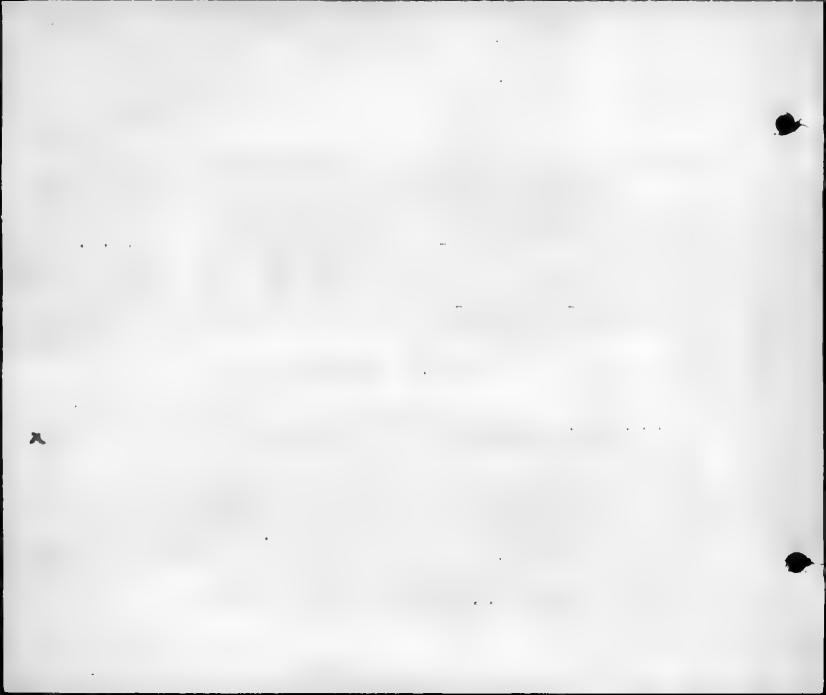
M

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
896 9	CERTIFICATE	OF	DEATH	

MA

08936

1. PLACE OF DEATH 6. COUNTY Carroll			MARYL	AND	o. STATE	oence (who	_	Llived, If institution b. COUNTY		idence befo Jarre		sion)
b CITY OR TOWN (If RURAL and give neo	outside carporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR	OWN (If or	utside corpoi	rate limits, write R	URAL o	nd give ne	arest tow	n)
Sykesville	resi iowiij		3v3m29d		F :	riends	wille	Maryla	nd			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	address)		d. STREET A						e. IS RES	SIDENCE FARM?
Springfield					160	ne] NO ₩
3. NAME OF DECEASED	Fo	st	Middle		las	1	4. DATE OF	Мол	th	De	зу	Yeor
(Type or print)	William		Vanderbi		Jenkin	3	DEATH	August	8.	1959		1959
5 SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED		DATE OF BIRT	4		9. AGE [In years lost birthday]	IF UN	DER 1 YEAR		
Male	White	WIDOW	ED DIVORCED	□ B.	-1-81			78 yrs	Mont	hs Doys	Hours	Min
10a. USUAL OCCUPATION during most of works	(Give kind of work	done 10b	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	ACE (Stote o	or foreign co	uniry)	12.	CITIZEN C	OF WHAT	COUNTRY
Laborer		'	-			daryla			1	J. S.	A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Alfred Jer	kins				Martha	a Sava	ıg e					
15. WAS DECEASEDEVER	IN U. S ARMED FOR		SOCIAL SECURITY NO	17. INI	ORMANT			Add	ness			
No	, a., g		-	S	pringfi	eld Ho	spita	1 Record	8			
18 CAUSE OF DEAT	H [Enter only one co	use per li	ne for (a), (b), and (c).								ERVAL BE	
PART IL DEAT	I WAS CAUSED BY.	Co	oronary Occ	lusio	on					1	set and n sta i	
4201	DUE TO			7-3-1 L							ore.	H124
Conditions, if on	, which) (b	Ge	eneralized A	rte	rinscle	rosis					041	3
gave rise to im cause (a), stating th	mediate (91000				40	2020	44,21
lying couse fost.	e numer.	H ₃	mertension.								KO4	7-5
O C Bas as	R SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAL	וא זטפ או בירגנים	OT RELATED TO	THE TERM	NAL DISEASE	CONDITION GIV	EN IN	PART I(d)	19 WAS	AUTOPSY DRMED?
osis wit	psychoti	c rea	action	JULE I	our co	17.017	, CT C 02	al al oct	100		YES 🗌	
C.B.S. as Osis, with 200 ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	206 DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture o	finjury in P	art I ar Part	H of item 18)				
20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	or 20d. II	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY	Home, form,	20f (City	or town)		(County)		(State)
Hour o.m.	19	While of wor	k at work	70010	ry, street, affice	bldg., etc.	'					
	t Lattended the	docoor	ed from 8 , 1	11011	et. 10 57	to 8	Anon	et 10 50	Also d	Llosts	th	d
alive on Augu			29, and that a									
dive dir_esacs	41H-V	بدائرة والم	22, and mar (Jeuin (occoned at			reet, city or town,		n ine oo		ea abave ATE SIGNE
ACTUAL SIGNATURE	elle M	11	Min	M	n Snm			ate Hosp		1	8/1	R /50
			101			Lott o Berto alla Al	فية فيه سيمانيك د	anc-mont	L.ME.	.	دام الدــــ	4-22
PHYSICIAN'S NAME (Type) TyTe	lter_Knop	nM	D		Sh	Centa	M	anyland_				
220. BURIAL, CREMATION	The state of the last of the l		22c NAME OF CEMET	ERY OR				ION (City town, o			(Stol	e)
REMOVAL (Specify)	8/11/19	59	Steele C	eme	tery		Frie	ndsvill	.е	.10		
23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGIST					
Minnich F	uner: 1	عيين	Jaril 1.a.	1.6 -	land	DATE MI	G 1 3 '5	9 Ch	thing	S. Kra	LEA	



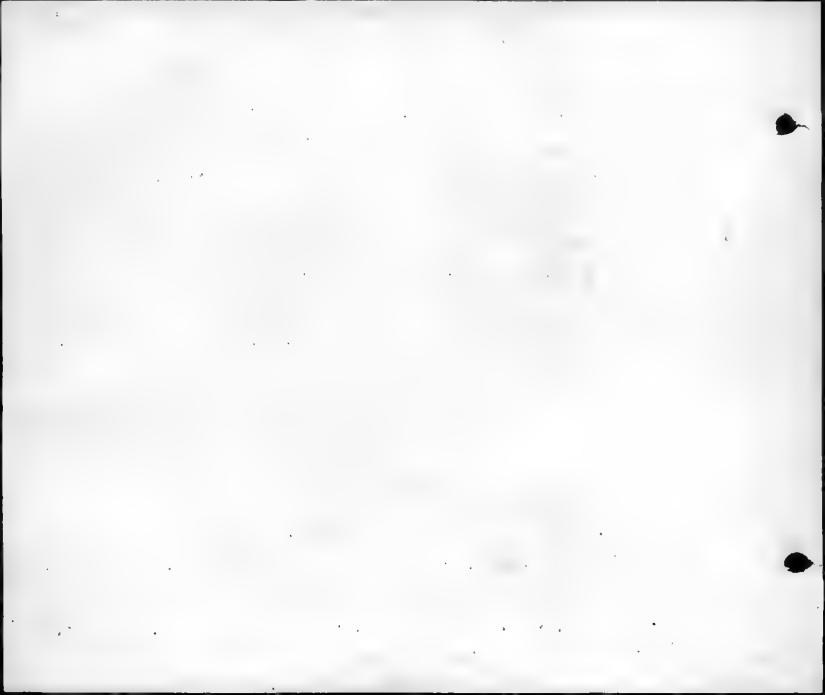
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8970 CERTIFICATE OF DEATH Rea. Dist. No.

DATE AUG 2 4

Orthur & Knows

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b** COUNTY n. IS RESIDENCE ON A FARM? YES NO DE Month Yanır 195 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS) PERFORMED? YES INO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 19-2, that I last saw the deceased and that death accurred at A. M. from the causes and an the date stated above 22d. LOCATION (City, town, or county) (State) Howard 24b. REGISTRAR'S SIGNATURE Laytonsville, Md

VS A15 (4) 15M 9/5B



ansit burial shoold page 0

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Pog

within

VS A15 (4) 15M 9/SS

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Burial

o. COUNTY

NAME OF

5. SEX

No

DECEASED

Mala

ADDRESS Littlestown, Pa.

Mt. Union Cemetery

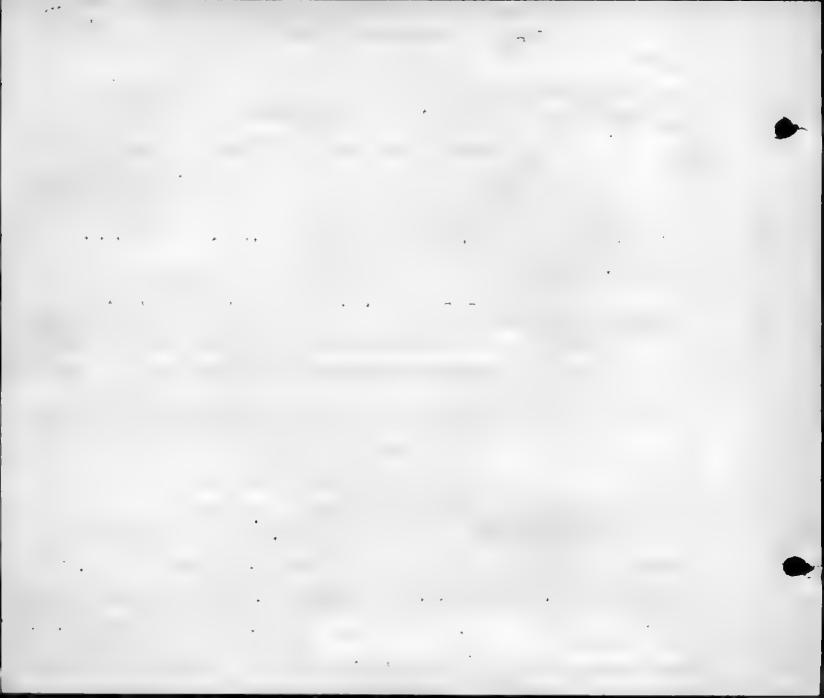
24g, REC'D BY REGISTRAR DA和IG 2 4 '59

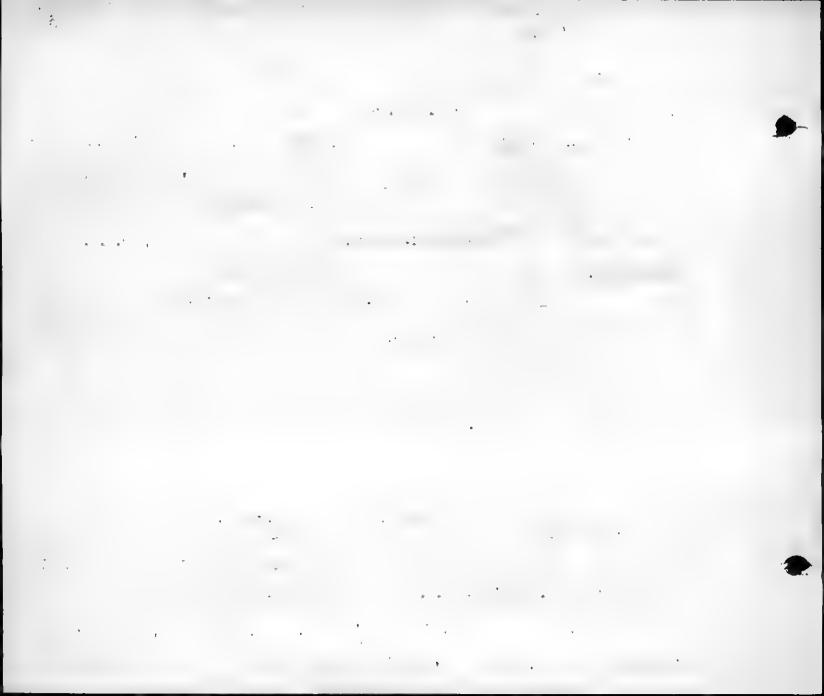
24b. REGISTRAR'S SIGNATURE Cirthun S. Kraus

Nr. Middleburg, Carroll Co. Md.

(Stote)

22d, LOCATION (City, lown, or county)





detached far 21. I certify that I attended the deceased from April 19. glive on August FUNERAL DIRECTOR: age 3 should be detact ACTUAL prior SIGNATURE registrar PHYSICIAN'S Ellis S. Margolin, M.D. Sykesville, Maryland NAME (Type)

08940

Balto City

IS RESIDENCE

ON A FARM?

YES NO DE

Уваг

1959

Day

Haurs

26

Days

Unknown INTERVAL BETWEEN ONSET AND DEATH Years Years PERFORMED? YES NO NO (Caunty) (State) ..., 1937 tokugust 26, , 159, that I last saw the deceased and that death accurred at 11:58PM from the causes and on the date stated above. ADDRESS (Street, city or town, state) Springfield State Hospital OC NAME, OF CEMETERY OR CREMATORY #2d/LOCATION (City, town, or county) (State) AAR REC'D BY REGISTRAR 246 REGISTRAIL'S SIGNATURE arthur & thouse

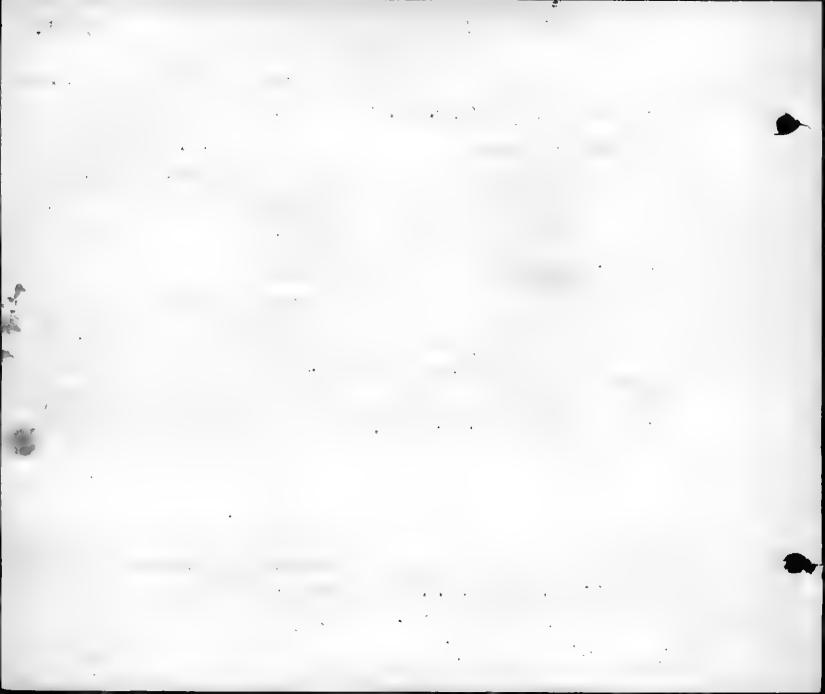
page 10 VS A15 (4) 15M 9/5B

22a BURIAL CREMATION.

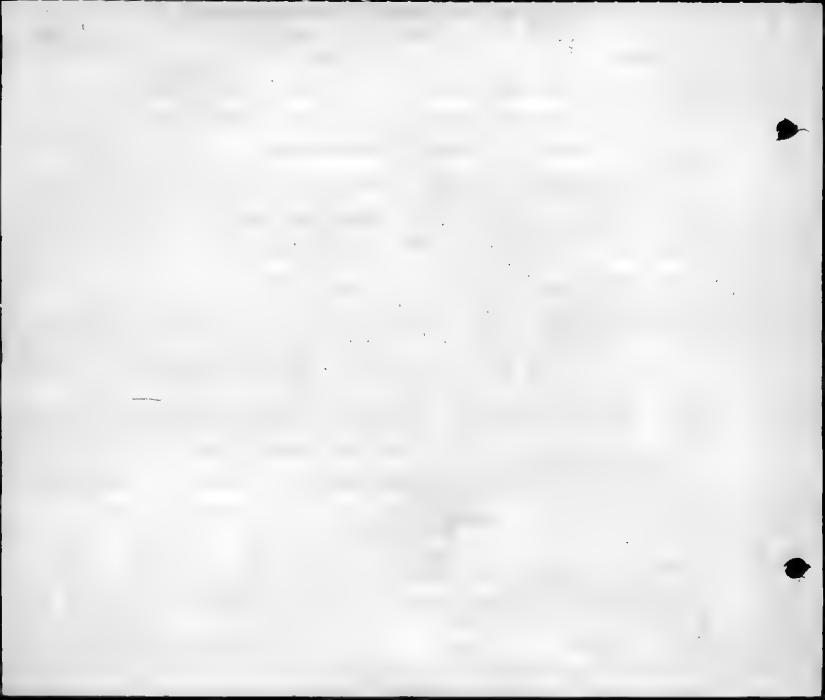
REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH be filed with 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town should d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CARRO YES NO E 2 NAME OF Middle 4. DATE Month Year Day DECEASED OF DEATH AUGUST (Type or print) 19.59 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Hours WIDOWED [7] DIVORCED [7] 10s. USUAL OCCUPATION (Give kind of work done 10s. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OKEMAR ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician BARBARA VALENTINE certificate remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address, attending death 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ቬ PART I. DEATH WAS CAUSED BY: PULMONARY IMMEDIATE CAUSE (6) DUE TO 12 KUX Conditions, if ony, which gove rise to immediate cosse (a), stating the under-PERTENSIVE ARTERIOSCIERA lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stole) foctory, street, office bldg., etc. o. m. While Not while of work of work 21. I certify that I attended the deceased from IVO AT MRE 1957, that I last saw the deceased detoched and that death accurred at 922PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** þe SIGNATURE DIRE should PHYSICIAN'S FUNERAL NAME (Type (7) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) MEMERIAL 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Carrier of France VS A15 (4) 15M 9/55



p. m. alive an

ACTUAL SIGNATURE

DATE THEREOF

LEZd. LOCATION (City, toyet) of county)

PHYSICIAN'S NAME (Type) WE

(Stote)

EMOVAL (Specify)

ADDRESS

22c. NAME OF CEMETERS

246 REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATI

220. BURTAL, CREMATION, 22b.

DATAUG 2

OR CREMATORY?

arthur & Huma

01 VS A1S [4] 15M 9/SS

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director,

filed

1. PLACE OF DEATH

o. COUNTY

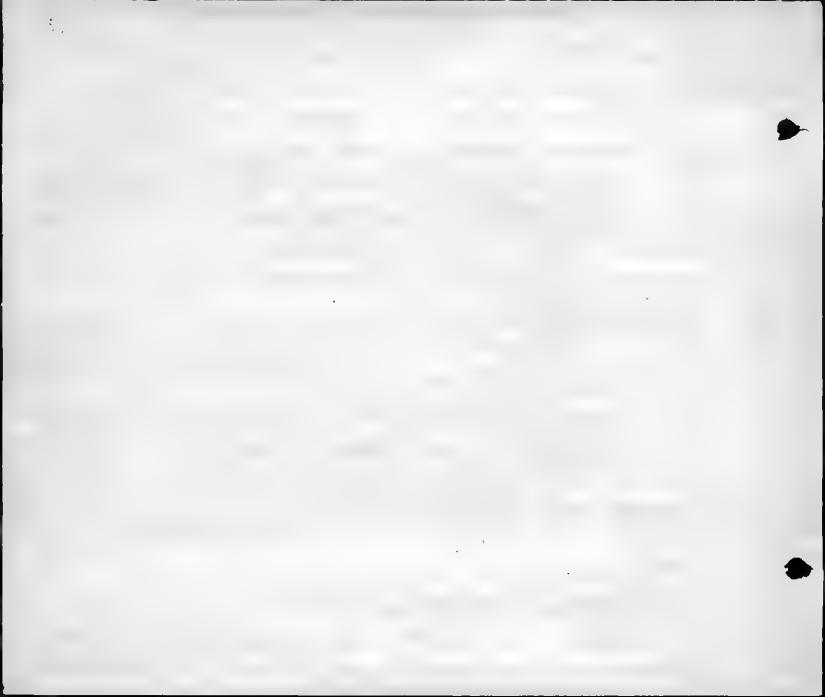
NAME OF

S. SEX

DECEASED

(Type or print)

13. FATHER'S NAME



VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08943

				CERTI	IFICA	E OF DEA	AIL	1		Reg. Di	st. No.		
	PLACE OF DEATH			•	2	USUAL RESIDENCE	E (Wh	ere deceased			ca befa	re admis	ision)
	a. COUNTY	Carı	oll	MAR	YLAND	o. STATE	ary.	land	b. COUNTY	Balt	o.C	ity	1
	b CITY OR TOWN (II	outside corporate lim	ıts, write	c LENGTH OF STAY	IN 16	c CITY OR TOW	N (If o	utside carpo	rote limits, write I	RURAL and	give nec	arest taw	n)
	Sykesville	3		2mos.17d	ays	Ba	alt	imore		· · ·			
	d. NAME OF HOSPIT	At (If not in hospital, g	give street	address)		d. STREET ADDRI	ESS					e, IS RE	SIDENCE A FARM?
L		ld State Ho	spit	a1		18	832	E. 28	th St	Zone	18] NO []
3.	NAME OF DECEASED	F,	rst	Middle		Last		4. DATE	Мо	nth	Do	ly	Year
	(Type or print)	He	rber	t Cha:	rles	Kinne	y	OF DEATH	At	igust	-	2,	1959
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	IED 🔲 8	DATE OF SIRTH			9. AGE (In years lost birthdoy)				ER 24 HRS
	Male	White	WIDOW	'ED DIVORCE	ED 🔲	June 26,	19	06	53 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUSTR	11. BIRTHPLACE	(State	ar foreign co	ountry)	12, CIT			COUNTRY
	Drafts		<u></u>	-		New 1					1	U.S.	A.
13.	FATHER'S NAME					14 MOTHER'S MAI							
		ark Kinney				Charlot	te 1	Ferrug	gaiari				
	s, no, or unknown) (R IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO		DRMANT				dress			
	No		-	173-01-717	7 5	pringfie.	1d]	Hospit	al Recor	'ds			
		•	use per l	ine for (a), (b), and (c)	.]								ETWEEN DEATH
	PART 1. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c	M. M	yocardial	infar	ction						Day	
	420.1	DUE TO)										
	Conditions, if or)			·							
	gove rise to it couse (a), stating t)										
_	lying couse lost.) (c	:}										
CERTIFICATION	Involution	onal payche	otic	reaction.	EATH BUT NO	OT RELATED TO THE	TERMI	NAL DISEASE	E CONDITION GI	VEN IN PAR	T 1(a) 1	9 WAS PERFO YES 2	AUTOPSY DRMED? NO
ERTIFI	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRISE HOW INJURY O	OCCURRED.	Enter nature of inju	ry in F	art I or Port	(I of item 18.)				_
		MEDICAL EXAMINER)	1										
MEDICAL	Hour o.m.	Y Month, Day, Ye	ar 20d. While	NJURY OCCURRED Not while	20e. PLACE factor	OF INJURY (Home y, street, affice bldg	a, form g., etc.	, 20f {City 	or town)	(1	County)		(Stote
M	p. m.	19		rk ot work				i					
	21. I certify th	at I attended the	decea	sed fram May		, 19 <u>.59</u> , to							
	alive an_Au	gust 2,	/9-	59, and that	t death a	ccurred at_2					e date		
	5	1. 10	1 -	17					reet, city or town	,			TE SIGNE
	SIGNATURE_	hund a	de	man_	—M.п	Sprin	gfi	eld St	ate Hosp	ital		3/3/	59
	PHYSICIAN'S NAME (Type)	Edmund Lust	thaus	M.D.		Sykes	vil	le, Ma	ryland				
220		N, 22b. DATE THEREC)F	22c NAME OF CEM	ETERY OR C	REMATORY		22d LOCAT	ION (City, town,	or county)		(Sto	ite)
В	REMOVAL (Specify)	Aug. 6.19	59.	Meadowri	dge (Cem.		A A	. Co. Ma	aryla	nd		
23.	FUNERAL DIRECTOR	SSIGNATURE	T C T	ADDRESS		240	. REC'I	BY REGIST	RAR 24b. REG	ISTRAR'S SI	GNATU	RE	
Н	ENRY SAN.	DER & SON	12. TI	NC. Balti	more	MG.	IE.	- 150	17.71	. 9 4			



director Funerof ploods 24 executed within 24 hours 2 Filled pup physica O 츕 þ signed CION. FUNERAL DIRECTOR: age 3 should be detact page 9

VS A15 (4)

15M 9/58

a. COUNTY

NAME OF

5. SEX

(Type or print)

Female

No

MEMICAL

ACTUAL

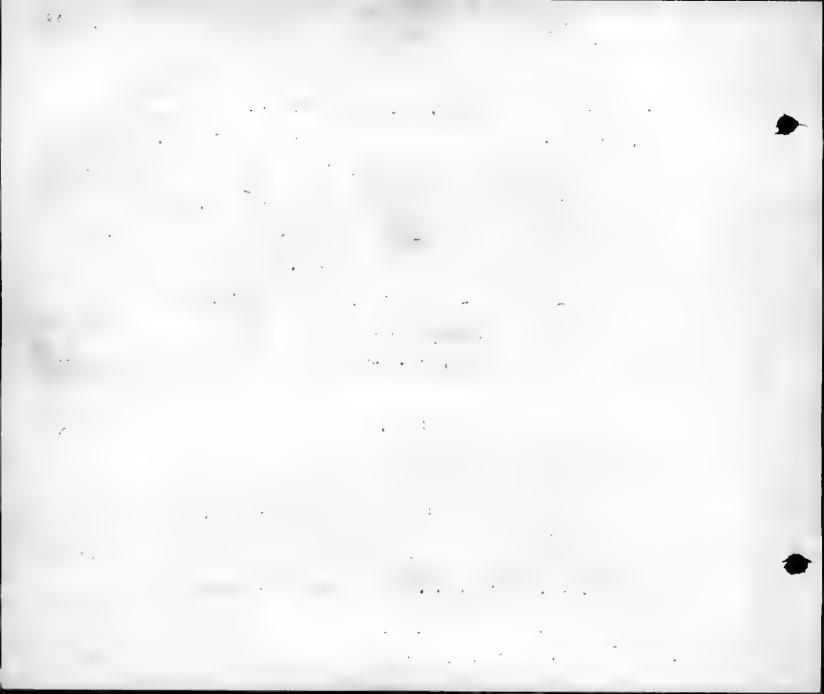
SIGNATURE

PHYSICIAN'S

NAME (Type)



1 X		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08945
Page 4	1.	PLACE OF DEATH a. COUNTY MARYLAND Reg. Di 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence of STATE Maryland b. COUNTY C14	nce before admission)
		Carroll Maryland Maryland 6. CONT C1- b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and	· ·
death death		RURAL and give nearest town)	give neurest town;
the fun should		Sykesville 17yrs. 2mos. Lodays Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS	a. IS RESIDENCE
2 78 4		Springfield State Hospital 4645 Brianclift Rd.,	ON A FARM? YES NO K
filled in b		NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Elza Limmerhirt OF DEATH August	19, Year 59
kit Poly	S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years light by linday) 1871 9. AGE (In years light by linday) Months 1871 9. AGE (In years light by linday) Months 9. AGE (In years light by linday) 1871 18	Days Haurs Min.
executed and cample in papers.	10o	during most of working life, even if retired	IZEN OF WHAT COUNTRY
rbo r	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
sicia Ve a		Unknown Unknown	,
ng physician e remave ca 72 haurs af	15	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No Springfield Hospital Records	1
it. The law requires that the death ling physician. It has been signed by the attendin burial-transit permit. Them please remaval, and in any event within?	RTIFICATION	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHO, / DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN III. OTHER SIG	Weeks IT 1(a) 19. WAS AUTOPS PERFORMED? YES X NO
S PHYSICIAN fol ar otherd this certifica or use as the crematian, ar	MEDICAL CERT	20c TIME OF INJURY Month, Day, Year Haur a.m. 19 19 19 19 19 19 19 1	County) (State
o drawning the hosp breezror. After ld be detached furial prior to burial,		21. I certify that I attended the deceased from 6/1/42 19 to August 19, 159, that I is alive on August 19, 1959, and that death accurred attended the causes and on the ADDRESS (Street, city or lown, state) Signature I Signature I State Hospital	
		PHYSICIAN'S Ellis S. Margolin, M.D. Sykesville, Maryland	
MSS/6 WSI (4) P G G G G G G G G G G G G G G G G G G	22.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LIVE SOCIETY FUNCIAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE AUG 21 '59 CLIMA & CLIMA & CALLED ADDRESS DATE AUG 21 '59 CLIMA & CLIMA	4 -



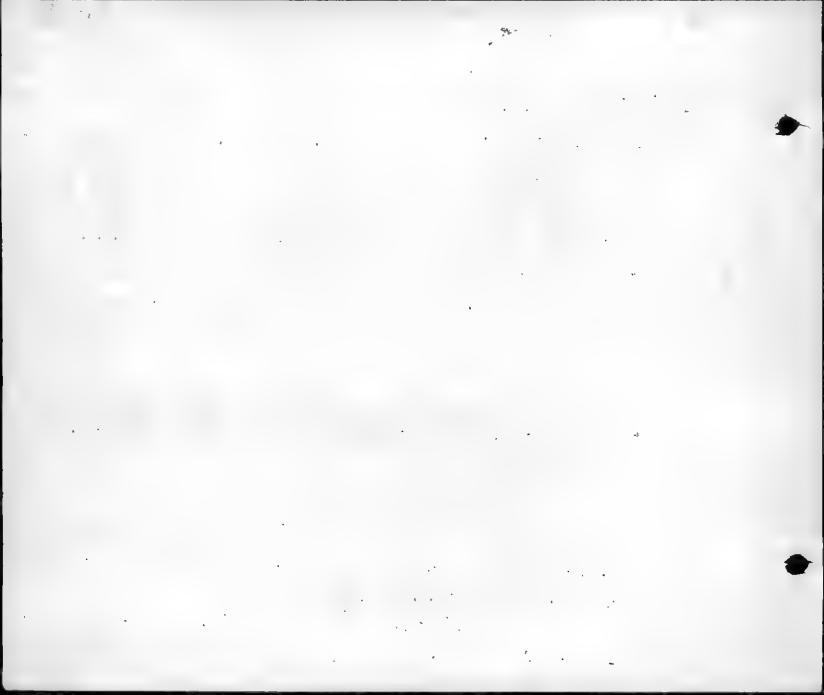
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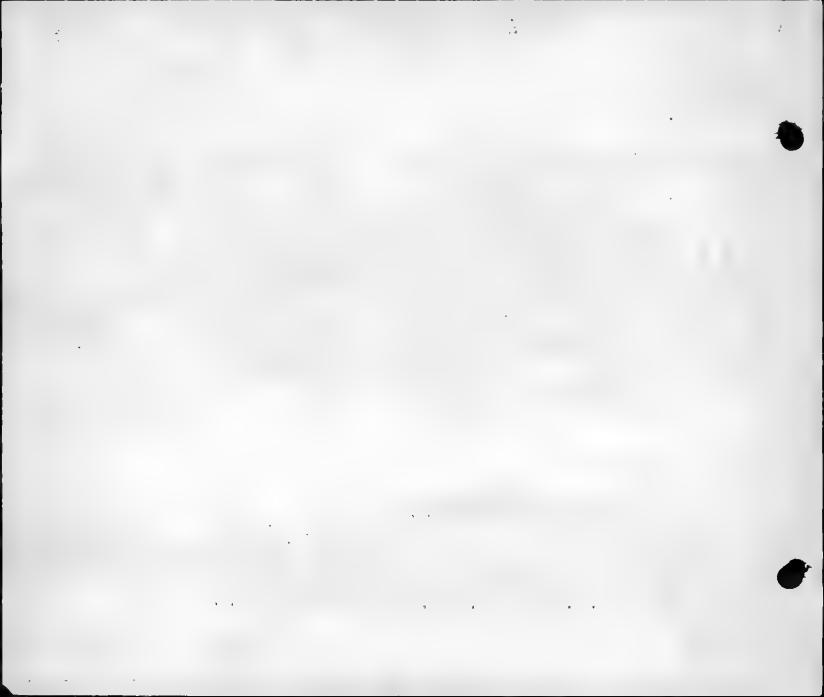
MARYLA	ND STATE	DEPARTMEN	T OF	HEALTH-	-BALTIMORE,	18
8977		CERTIFICATE	OF	DEATH		Rea.

08946

Reg. Dist. No.

	o. COUNTY Carroll,	4	kesvill	le MARYLAND	2 USUAL RES	land	ere deceased l	b. COUNTY	Baltin		ision)
	b. Synce sown in	outside carporate limits, orest tawn)	write c. LE	NGTH OF STAY IN 16		TOWN (IF a	,	e limits, write R	URAL and give	nearest lav	m}
		AL (If not in hospital, give	1	9	d. STREET				1 44.		SIDENCE
	Springfield	State Hosp	ital		606 N.	Calve	ert St.				NO 1
	3. NAME OF DECEASED	First		Middle Brown	Meder	sì	4. DATE OF	Man 8	1.4	Day	Year 19 ⁵⁹
	(Type ar print) 5. SEX	AMOS 6. COLOR OR RACE 7			B. DATE OF BIRT	THI .	DEATH	AGE (In years	IF UNDER 1 Y	•	
	male		VIDOWED 🍱		2-18- 9			last bighday)	Maghs 21	ys Haurs	
	10a. USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b KIND	OF BUSINESS OR IND			_	ntry)		OF WHAT	COUNTRY?
	Farmer & 1		agu	Ellebard		rylan			0.5	5.A.	
1	13. FATHER'S NAME	4, l.		1	14 MOTHER'S		IAME	,			
Ι	deceased	R IN U. S ARMED FORCE	PEC70	L SECTIBITY NO	INFORMANT	eased	40	restor	676		
	(Yes, no, or unknown) {	If yes, give war or dates of servi	ce)		Locke Mad	ler Ne	w Brunw	ick. Ne	w Jerse	ey	
	IR CAUSE OF DEA	TH [Enter anly ane coust			BOOKO 1-04	.02 0				INTERVAL B	FTWEEN
		TH WAS CAUSED BY.					4			ONSET AN	D DEATH
	151x	DUE TO				n mota	Stasos	TO LIVE	r	Month days	18-
	Canditions, if ar		Brone	hopneumoni.	8.					uaya	
	gave rise to in cause (a), stating t	mmediate Due TO									
	lying cause last.) (c)									
j		IER SIGNIFICANT CONDI	-							L OCDE	DRMED?
Ε,	Schizo	phrenic read	ction,	paranoia to	ype, ton	g-stan	Cart Lar Port II	of item 18.)	monar y	+ = 149	NO 🗌
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE I	NOW INJURY OCCURR	ED (Enter nature	ar injury in s	ran i ai ran ii	di iren 16.j			
	20c. TIME OF INJURY	Y Manth, Day, Year	20d. INJURY While	OCCURRED 20e. F	PLACE OF INJURY actory, street, affic	(Hame, farm te bldg., etc.	, 20f (City a	r tawn)	(Cau	nty)	(State)
	Haur a. m.	19	at work 🔲 a	at wark	/ 	0	1/	50			
		ot I attended the d	And was		/	210	-14		that I last		
	alive on	8-14	, 19 <u>59</u>	, and that deat	h occurred at			e causes on			d obove. TE SIGNED
	ACTUAL SIGNATURE	Cin X.	Zha	rate	M.D	yhee	wille	7/14		8/15	159
1	PHYSICIAN'S	112 C M-m	golin_	at n	Sykesvi)]]a	Maryla:	nd			
	22a. BURIAL CREMATIO			NAME OF CEMETERY				N (City, tawn, t	or county)	, (Sto	ite)
	REMOVAL (Specify)	8-17-5	9 1	Threedon	U		Ellet	street,	(sett	Ma	444.
	23. FUNERAL DIRECTOR'S	S SIGNATURE	e ()	ADDRESS	mil		D BY REGISTRA	- 1	TRAR'S SIGN		
	Julker -	7 Margas	Carly	morece	1 /2/1	DATEAU	g 1 9 '59	10 A	hur L. the	and the	





VS A15 (4) 15M 9/58

7	X	
filed with	TH.)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	
8979	CERTIFICA	ATE OF DEATH	l _e	05948 Reg. Dist. No.
1 PLACE OF DEATH 0. COUNTY Carroll	MARYLAND	o STATE	ere deceased fived. If institutions b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryla		Montgomery
RURAL and give nearest town)	2yrs.4mos.15d		etside corporate limits, write RUR	At and give nearest town)
d NAME OF HOSPITAL (If not in hospitot, give street		d. STREET ADDRESS	c Spring	e IS RESIDENCE
Springfield State Hospital		212 Brewster Ave.		
3. NAME OF First DECEASED (Type or print) Rhods	Middle Knowles	Merriam	4. DATE Month OF August	Day Year 17, 1959
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOW	ED DIVORCED	June 18, 1882	2 77 yrs.	Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) HOUSEWIIE	-	Pennsylv	U.S.A.	
13. FATHER'S NAME	0	14. MOTHER'S MAIDEN N	AME	
Benjamin Knowles		Rhoda Lor	ngshore	
	SOCIAL SECURITY NO.	NFORMANT	Address	\$
(Yes, no, or unknown) (If yes, give war or dates of service)	509-03-3457	Springfield	i Hospital Reco	rde
Conditions, if any, which gove rise to immediate couse (a), stating the under-tying couse lost.	Bronchopneumoni		THE PIECES CONDITION OF STATE	INTERVAL BETWEEN ONSET AND DEATH 3. days
U.B.S. assoc.with cerebr	al arterioscle	rosis with psj	chotic reaction	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the decease	sed from April 2.	157 to At	igust 17. 1959th	at I last saw the deceased
				an the date stated above.
500- 07	0		DDRESS (Street, city or town, sto	
ACTUAL SIGNATURE	agkini	M.D. Springfie	ld Hospital	8/18/59
PHYSICIAN'S Ellis S. Margol	in, M.D.	Sykesville	Md.	
220 BURIAL, CREMATION, 225. DATE THEREOF REMOVALY (Specify) (14, 22, 195)	22c. NAME OF CEMETERY O	Centi	22d LOCATION (City, Jown, or 127 1220) BY REGISTRAR 24b. REGIST	1002.
- 11 n? See D Se.c	300 Hthe &	A TO E DATE AU	d _ m _ m	hun a. Thousa



FOR STATE HEALTH DEPT.

sony, mlease char. Page our files. of Health,

Boord

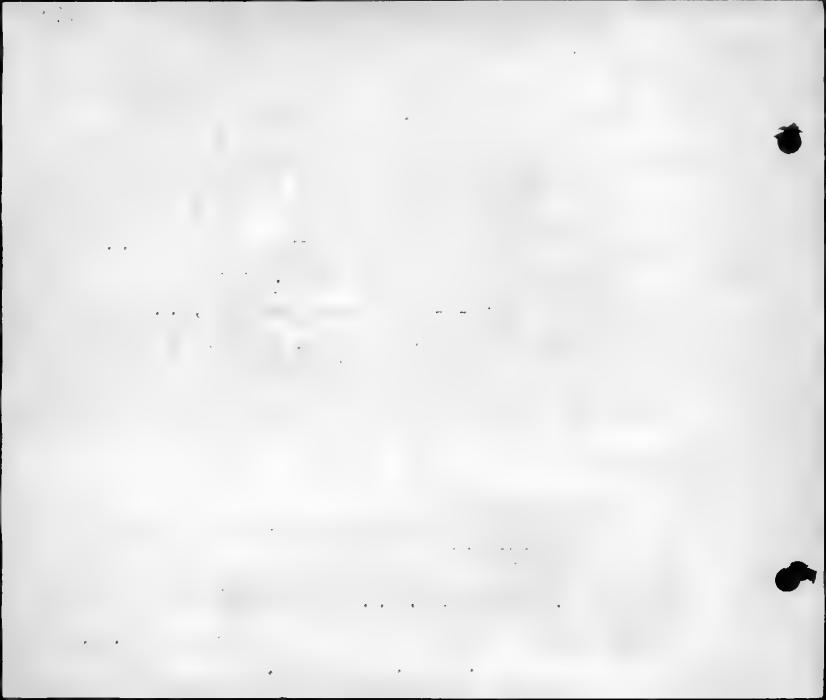
TO DEPUTY M. AL EXAMINER: This certificote should be executed within 24 hours ofter death. If ony delay execute the fired wind the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fune 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retaine TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriof, cremation, or removal, and is any every withing 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08949

				K	eg. Dist. No.
1. PLACE OF DEATH	Carroll		2. USUAL RESIDENCE (Where deceased lived If institution b COUNTY	
h CITY OR TOWN		MARYLAND			Carroll
and give regrest to	(If outside corporate limits, write RURA), wh)	c. LENGTH OF STAY IN 16		If outs de corporate limits, write RUR	AL and give nearest town)
	Gamber	15 yrs.		sburg	
d NAME OF HOSE	PITAL OR INSTITUTION (If not in hos	ipital, give street address)	d. STREET ADDRESS		# 15 RESIDENT E ON A FARM?
	· ————————————————————————————————————	the grantest territories and the same and the	R1		YES 🔲 NO 🔛
3 NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	George	Russell	Miller	DEATH August	14 1959
5. SEX	6. COLOR OR RACE 7. MARRI	ED 🗗 NEVER MARRIED 🔲 B	DATE OF BIRTH	I-15-4-4-1	NOER TYEAR IF LINDER 24 HRS
Male	White WIDOWE	D OIVORCED	9/12/1900	58 yrs Mo	inths Days Hours Min,
100. USUAL OCCUPAT	TION (Give kind of work done 100. I	KIND OF BUSINESS OR INDUST	TY 11 BIRTHPLACE (SION	e or foreign country)	2. CITIZEN OF WHAT COUNTRY?
farm	king life, even if retired)		Martia	nd	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Thoma	s Ray Miller			Shilling	
15. WAS DECEASED I	EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. IN			
[Yes, no. es unknown]	[If yes, give war or dates of service]	218-14-8698	T.	TITING DATE R	I Gamber
DO DE CAUSE OF DE	ATH [Enter only one couse per line		TIO OTTOX NA	designation of Trepoli	
				17 1 7 343	ONSEE AND DEATH
	IMMEDIATE CAUSE (a)	Lluent bronchor			
4 1 X	002.10	purulent trac	cheo-bronchi	TIS	
Conditions, if					
(a), stoling the					
couse fast.) (c)	The same and the s			
PART II. O	THER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AMALDISEASE CONDITION GIVEN I	N FART 1(a) 19. WAS AUTOPSY PERFORMED?
3					YES NO
200. EXTERNAL C	AUSE WAS 206 DESCRIB	E HOW INJURY OCCURRED (E	nter noture of injury in Fa	rt I or Part II at Item 18)	
	1.				
3 20c. TIME OF INJ			E OF INJURY (Home, for	m, 20f. (City or fown)	(County) (State)
20c. TIME OF INJ	n. 19 of we	Nat while facto	ry, street, office bldg., etc	.}	
	that I took charge of the		e. held on Auton	sy K. Inspection . I	nquiry , ond in my
	h regalted from: Notural (
opinion death	TOTAL TOTAL	Accident [, Suicide □	Tromicioe [], Ondelermi	ned manner
ACTUAL /	about le	un 1	CHIEF MEDICAL E	YAMANED [DATE SIGNED
SIGNATURE,		- H	_M.D		8/15/59
EXAMINER'S	W Rendler	King In M.D.	ASSISTANT MEDIC		0/15/57
NAME (Type)		King, Jr., M.D			
22a. BUTAL, CREMAT REMOVAL (Specif	fy)	72c NAME OF CEMETERY OR		22d LOCATION (City, lawn, or co	unity) (State)
burial	an yeller and the second	Providence C			Co. Md.
23. FUNERAL DIRECTO	V // n# /				R'S SIGNATURE
1 m.	Leinky 77, 254	E. Main St. We	stminster 1	AUG 1 9 '59 Chai	wo S. Thous

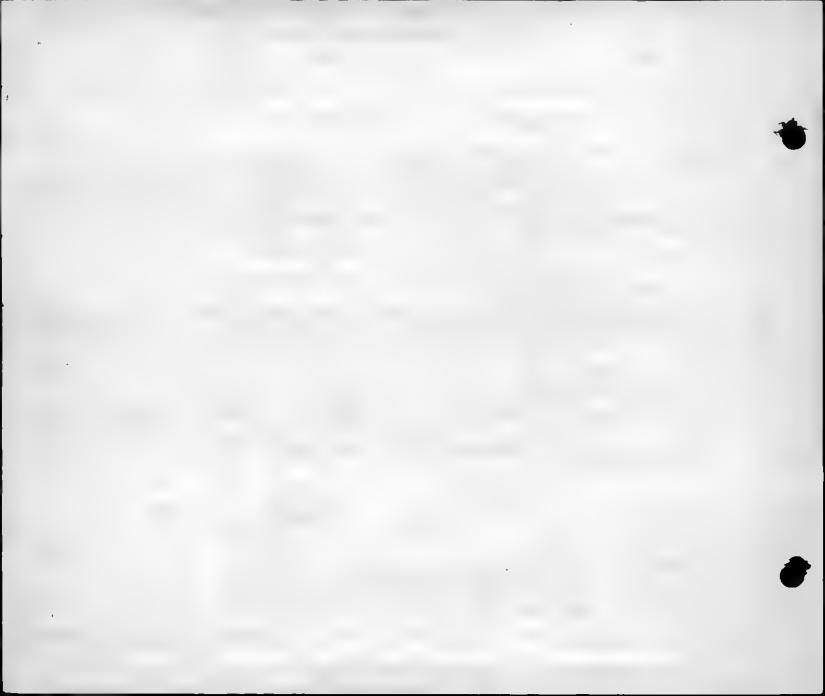


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deoth. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha VS A15 (4) 15M 9/55

1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived If insti	
	Carroll	MARYLAND	o. STATE TO ANALONS 6. COUN	TY CRIMINI
Г	b. CITY OR TOWN (If outside corporate limits, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, writ	e_RURAL and give nearest town)
1	RURAL and give nearest town)	25 cm	Quart has trees	1- PARTY
1	d. NAME OF HOSPITAL (If not in haspital, give street address	11)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION		1 trustel	ON A FARM? YES NO Z
3	NAME OF A First	Middle	Last 4. DATE	
	NAME OF DECEASED (Type or print) ADTHIID BOST	Middle	US A TO DO DEATH	Month Day Yeor
-	- (K)/(U/) /(U) L	19-17 NI		19 19 19 19 19 19 19 19 19 19 19 19 19 1
1.	no 1 1 f	NEVER MARRIED	Ost birthdo	Months Days Hours Min.
10	MILE MIDOWED	DIVORCED [m.
1.0	b. USUAL OCCUPATION (Give kind of work done 10b. KIND during)host of working, life, even if retired)	OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Desagnias		CHREVLL, CO.	120 4.3.11
13	FATHER'S NAME	1 /	14. MOTHER'S MAIDEN NAME	
L	Storal W. 1800	224421	anne 1.	Elalin-
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17.	INFORMANT	Address / XA 74-7
	1112 Willial	1	no. a. R. Tainmoleral 1	Who throughter Md
	18 CAUSE OF DEATH [Enter only one couse per line for	(a), (b), and (c)]	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	onany	ordunion	ONSET AND DEATH
	DUE TO	X	,	
	Conditions, if ony, which)	rinu	thromboris	jweek.
	gave rise to immediate			
	lying couse lost.	-	-	
١z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(0) 19, WAS AUTOPSY
Ĭ				PERFORMED?
Ιĕ	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURRI	D. (Enter nature of injury in Part I or Part II of item 18.)	1.3 L NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e P	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
MEDICAL	Hour o.m. While	Not while fo	octory, street, office bldg., etc.)	(County) (Store)
2	p. m. gr work []	of work		
	21. I certify that I attended the deceased fr		1950, 10 Cmg/9, 193	
	alive on 1257	, and that desti	n accurred at 4451 M, from the cause	
1	00 01 15		ADDRESS (Street, city or for	79, stote) SATE SIGNED
	SIGNATURE Julius Chopke	10	M.D. XS/LW. Mean of	0/19/10
4	PHYSICIAN'S	1 ata	11 /2 /	ed
	NAME (Type) JY 145 C	hepko	Varmure-	·
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City, town	n, or caynty) *(State)
	13. Deal (March, 09)	Madm	12 March Mann for	tol minule, mil
23	FONERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D SY REGISTRAR 246. RE	GISTRAR'S SIGNATURE
L	1-1 10001001 D. 16	Yn files	PLE PINE AUG 21 '59	Talling & House
7				



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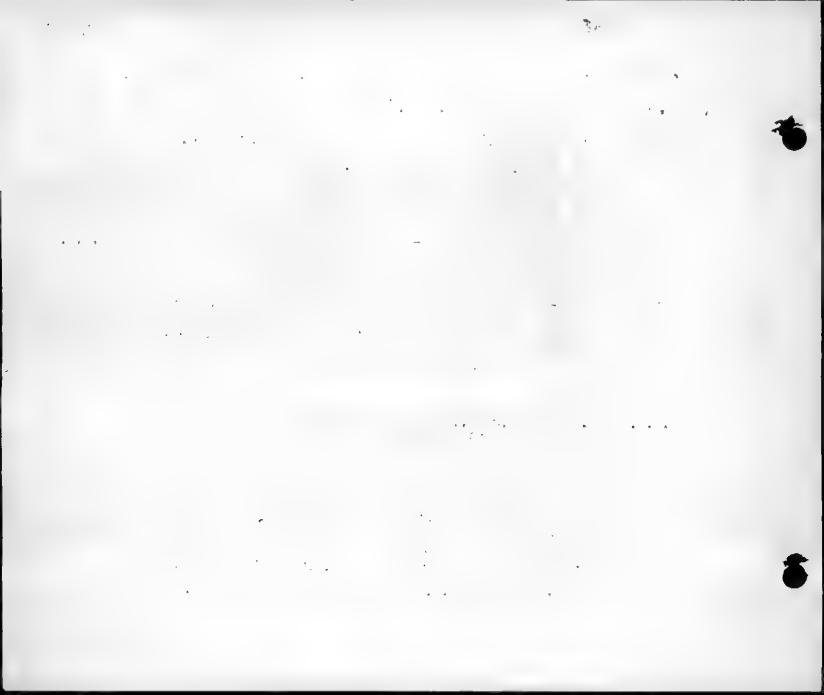
AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

Cirilian S. Krous

					neg. Ditt. 1401				
1. PLACE OF DEATH o. COUNTY Carr	oll	MARYLAND	2. USUAL RESIDENCE (WI	land b. COUNTY	Residence before admission) Carroll				
b CITY OR TOWN (If or RURAL and give neare Sykesville	st town)	16yrs.3mos.1		outside corporate limits, write RI tminster	URAL and give nearest tawn)				
& NAME OF HOSPITAL		spital	d. street, address Non	0	e. 15 RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	first W inif r	ed H. P	atterson	4. DATE Man OF DEATH Augus					
	- Pa P I	MARRIED NEVER MARRIED ADDIVORCED DIVORCED		1912 P AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.				
10a, USUAL OCCUPATION during most of working Writer	Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sione Maryland	or foreign country)	12 CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		11 0 1				
Unknown	Rev. Rich	ard S.Patterson	. Unknown		eth Skhwartz				
	I U S. ARMED FORCES!	7 16 SOCIAL SECURITY NO.	Springfield H	ospital Record					
	•	per line far (a), (b), and (c).]			INTERVAL BETWEEN				
IM	WAS CAUSED BY: MEDIATE CAUSE (o)	Paralytic ileus	<u> </u>		Days				
	Conditions, if any, which) Localized peritonitis about the ileostomy								
gove rise to immediate couse (a), stating the under-lying cause tast DUE TO Ulcerative colitie Mont									
PART II OTHER Bronchopne 200 ACCIDENT WAS LOOK CONTRIBUTING II	Part II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO [
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Hour o. m. p. m.			PLACE OF INJURY (Hame, form factory, street, office bldg., etc		(County) (State)				
olive on Augus			th occurred at 5:45A	M, from the causes on ADDRESS (Street, city or town,	that I lost saw the deceased d on the date stated above. DATE SIGNED				
SIGNATURE 2 CO	(D) A.	rangilla-		eld Hospital	0/11/33				
PHYSICIAN'S E	llis S. Mar	golin, M.D.	Sykesvil	le, Maryland					
220 BUR AL, CREMATION, REMOVAL (Specify) Burrial	22b. DATE THEREOF	22c NAME OF CEMETERY Fiversmeen	OR CREMATORY Cemetery	Gettysburg	-				
23 FUNERAL DIRECTOR'S S	GNATURE	ADDRESS		D BY REGISTRAR 246. REGIS					





VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8985

CEPTIFICATE OF DEATH

			CERTITIO	AIL OI DLAIII	Reg.	Dist. No.
1		COUNTY (L'AETALL	MARYLAND	2 USUAL RESIDENCE (Where do o. STATE	deceased lived. If institution Residution B COUNTY	dence before admission)
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	30 years	c. CITY OR TOWN (IF outside	e corporate limits, write RURAL on	id give neorest town)
		d. NAME OF HÖSPITAL (If not an hospitol, give street OR INSTITUTION	oddress) /	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print) First L D Y) Middle	1 - 1 - 4-4-1	DATE Month OF DEATH	Day Year 1959
	5. \$	Mich White WIDOW		B. DATE OF BIRTH Feb. 1893	lost birthdoy) Month	S Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY
	13.	FATHERS NAME	1	14. MOTHER'S MAIDEN NAME	Marie.	
)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 no or unknown) (II yes, give wor or digital of service)	SOCIAL SECURITY NO 17 (MAN KEZETTY E	Partit Charles	Genetle Friet.
		18 CAUSE OF DEATH [Enter only one couse per full PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	ou bous, ai	terros clerios	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which (b)	nerolijet.			
		gove rise to immediate couse (o), stoting the under-lying couse lost.	<i>\(\)</i>	-		19 59
-	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in Port I	or Part (1 of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 White of wor	Not while fo	ACE OF INJURY (Home, form, 20 ctory, street, affice bldg., etc.)	If (City or town)	(County) (Slote)
		21. I certify that I attended the deceas	/\	, 1935, to \$ /-		I last saw the deceased
		SIGNATURE ALTONAL &	E- Hall		RESS (Street, city or town, stote)	gate signer
		PHYSICIAN'S HEWARD	F. HALL	SYKE-	Stille, M	1 D.
	7	BURIAL, CREMATION, 226. DATE THEREOF BEMOVAL (Spacify) 8-11-59	Maylorsie	the Th	LOCATION (City town, or county	r) (Stote)
	23	FUNERAL DIRECTOR'S SIGNATURE	(Fartusolle	Stall PATE AUG	REGISTRAR 246. RECISTRAR'S	SIGNATURE .



jı.

I

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

may be reta TO HOSPITAL

VS A15 (4) 1SM 9/SS

894 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

L_					Reg. Dis	t. No.
1.	PLACE OF DEATH O. COUNTY CUrrage	HATTLANG	2. USUAL RESIDENCE (W o. STATE		If institution Residence.	te before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWNAM	outside corporate lim	nits, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	elerta	At-	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) LL EL4N	MARIE MARIE	RAVER	4. DATE OF DEATH	Month (1)	Day Year
S	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1894 9. AG		1 YEAR IF UNDER 24 HRS. Days Hours Min
19	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stole	or foreign country)	222d 12 CIT	ZEN OF WHAT COUNTRY
13.	FATHER'S NAME	101	14. MOTHER'S MAIDEN	NAME /	06	
	WAS DECASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT TO AN	6 Raire	Address U	The Esty St
	1B. CAUSE OF DEATH [Enter only one couse per lim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	te for (a), (b), and (c).]	-0.01 11	teru	1	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cotse (a), stating the under.	c meta	stasis	to Lu	4.1	2-39-20
CATION	Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	IINAL DISEASE CONI	DITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF!	206 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ERIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Port II of i	lem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. In Haur e. m. 19 of work	Nat while	PLACE OF INJURY (Home, forn foctory, street, office bidg., etc	n, 20f. (City or tow	n) (C	ounty) (State)
	21. I certify that I attended the decease alive on and 8 19 S	~ 4	th occurred all 30,	In from the Aporess (Street, ci	causes and an th	ast saw the deceased the date stated above DATE SIGNED
	PHYSICIAN'S NAME (Type)	/				
4	BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify) 25 25 36 37 38 38 38 38 38 38 38 38 38	22c. NAME OF CEMETERY	in Comilery	Adfail	ity, town, or county)	(State)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	-7n_ //	D BY REGISTRAR	24b. REGISTRAR'S STG	



22d. LOCATION (City, town, or equally)

24b. REGISTRAR'S SIGNATURE Cothing & traces

240. REC'D BY REGISTRAR'

(Stote)

22c. NAME OF CEMETERY OR-EREMATORY

ADDRESS

filed . 5 papers. puo corbon Sfter 72 hours o 畆 permit. in ony o **burial-transit** oched be det prior 3 shauld FUNER/ pode 0

COUNTY

NAME OF

DECEASEO

(Type or print)

22

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23-FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 225. DATE THEREOF

VS A15 (4) 15M 9/5S

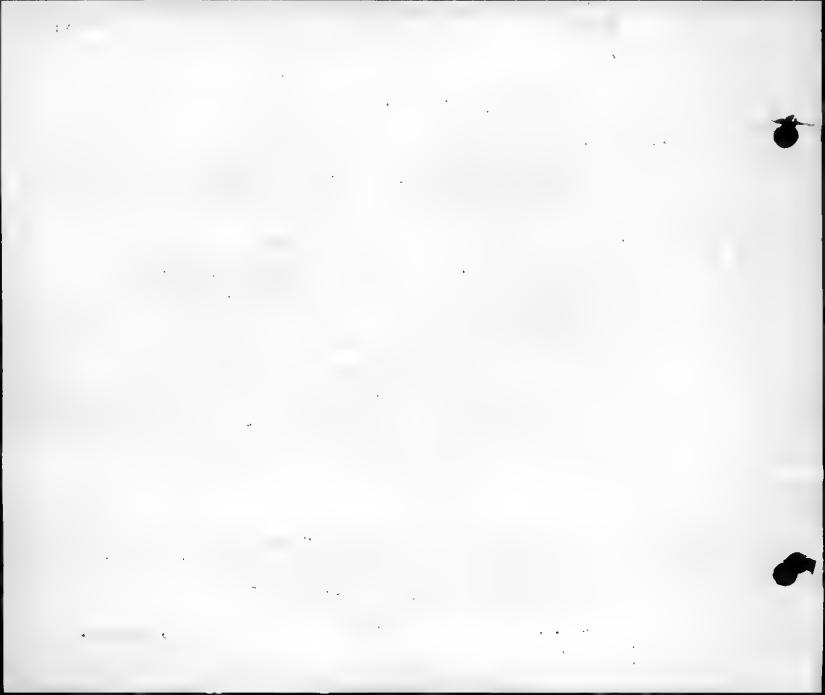


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	ect	B)
	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct	page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fifed w		1
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Control of the contro	RAL	sha	the registrar priar ta burial, cremation, ar remaval, and in any event within 72 hou's after	
2	NE	93	regi	
2	> FU	pag	e e	
	V	_	_	

	Keg. J	DIST. NO.
1 PLACE OF DEATH COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	ence before admission)
	TUNKYZNIVD	m. 149
b. CITY OR TOWN (If autide corporate limits, write c LENGTH OF STAY IN 11 RURAL and give nearest tawn) SYKESVILLE 17 Nic not		d give nearest fown)
SYKESVILLE 17 Month	S Dun DALK	. 11 4
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
SPRING-FIELD STATE	6706 Boston Avenue	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARY CAMILL	A ROTH 4. DATE Month OF DEATH AUGUST	30 Year
S. SEX Female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	last birthdoy) Months	ER 1 YEAR IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INduring most of working life, even if retired)	DUSTRY 11, BIRTHPLACE (Stote or foreign country) 12.C	ITIZEN OF WHAT COUNTRY
Housewife	Maryland	U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EDWARD THOMPSON	MARY MC COAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or deltes of service)	HOSPITAL RECORD	S
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	archusian :	ONSET AND DEATH
1 1/20 4	_occustor	DAY
4 20, O DUE TO APTERINGS	CLEROTIC HEART DISEASE	YEARS
Conditions, if any, which gave rise to immediate	CENOTIC (IFAK) DISCASE	1 CH K 3
	NEUMONIA	DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS
T T T T T T T T T T T T T T T T T T T		PERFORMED? YES 🔀 NO
20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part 1 or Port II of item 18.)	100 24 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	DIACE OF BUILDY HAVE FOUND TO SEE THE SECOND TO SECOND T	400 4 3 400 4
Hour o. m. White Not white	PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.)	(County) (State
₹ pm. 19 of work □ of wark □		
21. I certify that I attended the deceased fram. 3:13	, 19 58 , to, 19,that I	last saw the decease
	ath accurred at 12,224M, fram the causes and an t	ha data stated about
dive dit.	ADDRESS (Street, city, or town, state)	ne date stated abay. Date signe
ACTUAL Biles & Play for	Singra of Stade Uno	11-
SIGNATURE TO THE	M.D. Sprupt. State Ho	JP.
PHYSICIAN'S RITA S. GLAHN	SPRINGE, STATE H	OSP
220. BUR AL, CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Sept. 2. 1959 New Cathe	edral Baltimore, Mar	reland
3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
HIV. livery An' xich (bolow T	h / F:	& Kroug
	DATE VAL	Mary a State State



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8987

CERTIFICATE OF DEATH

COUNTY (19 11 COUNTY CO	000	Item 9	FilmG248 9-1	7-59 et	R	eg. Dist. No	••••••••••
CITY (III authles composed holis, write RERAL motiles of proceed limits, write RERAL and give nearest town) TOWN MY PROCEED TO THE PROCESS OF THE PROPERTY OF	I. PLACE OF DEATH			2. USUAL RESIDEN	(CE (HOME) OF D	ECEASED	
OR and ave sense trough. TOWN HOSPITAL OR STREET HOSPITAL OR ST	COUNTY CAPPOIL		MARYLAND	STATISLUCKY	LUMINEOUNTY	Wella	eno
ADDRESS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET ADDRESS & GOUNDERS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET ADDRESS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET ADDRESS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET ADDRESS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET ADDRESS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET ADDRESS & GOUNDERONS, JEAN VICEN NO. 18 MAY CONTROL OF STREET AND DEATH ON STREET A	OR and give nearest town).	write RURAL	LENGTH OF STAY (in this piece)	CITY (If outside corpo	- M.Z	and give naerest tov	vn)
DECERSED (Type or Print) 5, SEX 6, COLOR OR RACE 7, SINGLE, MARRID, MOVED DISPOSED 15, DECENSION 10, USUAL OCCUPATION (Give kind of work relined) 11, USUAL OCCUPATION (Give kind of work relined) 12, USUAL OCCUPATION (Give kind of work relined) 13, WAS DECENSION 14, MOTHER'S MARIE 14, MOTHER'S MARIE 15, WAS DECENSION VICE IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT A ADDRESS 1743, INFORMANT A ADDRESS 1743, INFORMANT A ADDRESS 1744, MOTHER'S MARIE 18, WAS DECENSION VICE IN U. S. ARMED FORCES? 18, WAS DECENSION VICE IN U. S. ARMED FORCES? 18, WAS DECENSION VICE IN U. S. ARMED FORCES? 18, WAS DECENSION VICE IN U. S. ARMED FORCES? 19, INFORMANT A ADDRESS 1744, MOTHER'S MARIE 19, WAS DECENSION VICE IN U. S. ARMED FORCES? 1754, INC. WAS DECENSION VICE IN U. S. ARMED FORCES? 1754, INC. WAS DECENSION VICE IN U. S. ARMED FORCES? 1755, INC. WAS DECENSIONED FOR VICE IN U. S. ARMED FORCES? 1755, INC. WAS DECENSIONED DEATH 10, INC. WAS DECENSIONED DEATH 10, INC. WAS DECENSIONED DEATH 11, WAS DECENSIONED DEATH 11, WAS DECENSIONED DEATH 11, WAS DECENSIONED DEATH 12, WAS DECENSIONED DEATH 13, WAS DECENSIONED DEATH 14, MOTHER'S MARIE 15, WAS DECENSIONED RECITY LEADING TO DEATH 16, MEDICAL CERTIFICATION 175, INFORMANT A ADDRESS 1754, WAS DECENSIONED RECITY LEADING TO DEATH 1755, WAS DECENSIONED RECITY LEADING TO DEATH 1775, WAS DECENSIONED RECITY LEADING TO DEATH	INSTITUTION OR Long 1		ing Hime	ADDRESS &	17 " " -	ve location)	est.
TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (Give lind of work of control of the bank) TOAL USUAL OCCUPATION (GIVE STAND) TOAL USUAL OCCUPATION	(Type or Print) SAIri	lla Res	7/11a. Thu	disill	OF DEATH AL	1 1	0 1919
done during most of working life, even if refired) 13. FATHER'S NAME ### ### ### ### ### ### ### ### ### #	Female while	(Specify)	roced, NOV.	24 1868	AV 90 yrs.	Months Days	Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS HARD L. G.	done during most of working life, retired)	even if O	K INDUSTRY /	PENNS4/L	ania	co	UNTRY?
Test, and or current Test	~ / / / / / / / / / / / / / / / / / / /	adie:11	•				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A)	[Yes, no or unk.) (If Yas, give wer o		6. SOCIAL SECURITY NO.	1100 1177	1 4		Pa.
ANTECEDENT CAUSE(S) DUE TO (B) DUE TO (B) DUE TO (B) DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. IPP. DATE OF OPERATION. IPP. DATE OF OPERATION. IPP. DATE OF OPERATION. IPP. MAJOR FINDINGS OF OPERATION IPP. DATE OF OPERATION. IPP. DATE OF OPERATION. IPP. DATE OF ONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidgs, etc.] IPP. DATE OF INJURY (Mosth) (Day) (Year) (Hour) M. D. INJURY Street, office bidgs, etc.] IPP. DATE OF INJURY (Mosth) (Day) (Year) (Hour) M. D. INJURY STREET, OR CREMATORY REGISTRAR'S SIGNATURE INJURY OR CREMATORY NAME OF CEMETERY OR CREMATORY REGISTRAR'S SIGNATURE INJURY COLUMN (Signature) ADDRESS (Street, city, town, or county) (Sieta) OATE THEROF NAME OF CEMETERY OR CREMATORY REGISTRAR'S SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) (Sieta) OATE SIGNATURE INJURY COLUMN (City, town, or county) OATE SIGNATURE INJURY COLUMN (City, town, or county) OATE SIGNATURE OATE SIGNAT	Left . or .		0/	MA HODER	1;415		
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OF CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO A 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stela) 21d. TIME OF INJURY [Month] (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while all work all attended the deceased from Not while all work all work all occurred at all work from the causes and on the date stated above. 22a. I hereby certify that I attended the deceased from Not while all work all occurred at all work from the causes and on the date stated above. 22b. BURIAL CREMATION, REMOVAL (SPECIFY) 22c. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22c. BURIAL CREMATION, REGISTRAR REGISTRAR'S SIGNATURE 22d. REC'D BY REGISTRAR 22d. BURIAL DIRECTOR'S SIGNATURE 25d. BURIAL DIRECTOR'S SIGNATURE 26d. BURIAL DIRECTOR'S SIGNATURE 27d. BURIAL DIRE	DISEASES OR CONDITIONS, IF ANY	DUE TO	this - Oche.	tie Cardis &	rouled	isints	
216. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] 21c. WHERE DID INJURY OCCUR? (City or town) (Stela) (Stela) (FETHER, NOTIFY MEDICAL EXAMINER) (Day) (Year) (Hour) (10 m) (Year) (Hour) (Year) (Hour) (10 m) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Year) (Hour) (Year) (TO THE DEATH BUT NOT RELATED T	CONTRIBUTING O THE					
216. ACCIDENT WAS UNDERLYSING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stela) (FETHER, NOTIFY MEDICAL EXAMINER) (Day) (Year) (Hour) 21e. INJURY OCCURED While a work 21f. HOW DID (NJURY OCCUR? 21f. HOW DID (NJURY	19e, DATE OF OPERATION	196, MAJOR FINDINGS	OF OPERATION				
M. While alwork Not while alwork 1 attended the deceased from 19. 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	OR CONTRIBUTING T CAUSE OF DEAT	H OF INJURY street.	ne, ferm, factory, office_bldg, etc.)	Tie. WHERE DID INJURY OCCU	R? (City or town)		territ to
alive of the causes and on the date stated above. SIGNATURE SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNE ADDRESS (Street, city, town, or county) (Steta) PORT PORT CO. PC 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS (Street, city, town, stete) DATE SIGNE A	21d, TIME OF INJURY (Month) (Day	Wh					
BURIAL, CREMATION, REMOVAL (SPECIFY) Q1.3/59 VCY/ROAD COM. HONOVCY, NOY/TOO. PO 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS,	The said of the	. <i>k'</i>	. // /	Secretary 1	1		
REMOVAL ISPECTION 9/3/59 YOUT ROAD COM. HONOVEY, NOTICO. PO 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. EMPERAL DIRECTOR'S SIGNATURE ADDRÉSS.	BIGNATURE	Bu	al M.D.	HAMMES	RESS (Street, city, tow	n, state) MART	PATE SIGNED
The state of the s	REMOVAL (SPECIFY)	7/3/39	1.1 .1 D	1 00 0.4	11	/	4.
				25. EUNERAL DIRECTOR'S	100 1 1	. Mr mal	anythe en



VS A1S (4) 15M 9/SB

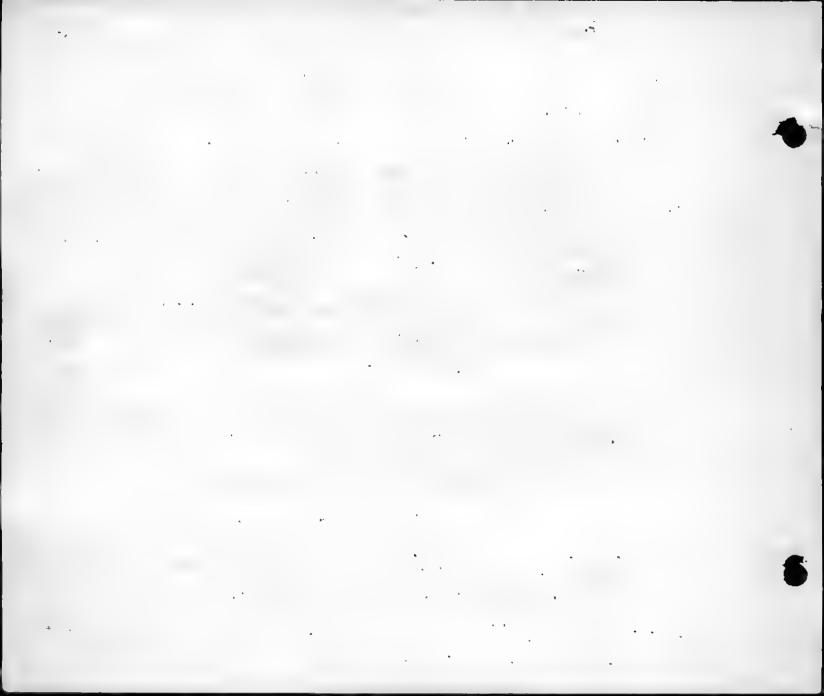
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8988

CERTIFICATE OF DEATH

08959

Reg. Dist. No.

1. PLACE OF DEATH d. COUNTY Carroll		MARYLAND	2 USUAL RESIDENCE (WE a. STATE Marvland	here deceased	lived. If institut b. COUNTY		pefore adm	35		
b. CITY OR TOWN (If	outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpor	gte limits, write I					
	lle, Md.	ll days	Hagerstow	m		,				
d, NAME OF HOSPITA	AL (If not in haspital, give street	oddress)	d. STREET ADDRESS				e tS R	RESIDENCE		
Springf	ield State Hosp	ital	421 Jeffe	erson S	t.			□ NO K		
3 NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Мо	ath	Day	Year		
(Type ar print)	JULIAN		SANTMYERS	DEATH	A1	ugust	13	19 59		
S SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	,	9 AGE (In years lost birthday)		YEAR IF UN			
Male	White wildow		7-12-1888		7.1 yrs		dy's 11001	12 441111		
10a. USJAL OCCUPATIO during most of work Car 01	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDE	ISTRY 11. BIRTHPLACE (Slote Maryla	or foreign co md	untry))	U.S.A			
13. FATHER'S NAME	1 D SAN	THILEDA	14. MOTHER'S MAIDEN	YAME	17	0	0.1.			
DANIE	Simonii.	MYERS	1946	A COUNTY	-1 10	ファルン	714			
	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	1	Add	dress				
No	7	17-07-9347	Records, Sprin	gfield	State I	Hospita	1			
18. CAUSE OF DEA	TH [Enter only one cause per li						INTERVAL	BETWEEN		
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rterioscleroti	lc heart dises	se			ONSET AN	ars		
	DUE TO									
Conditions, if an	Conditions, if any, which Bronchopneumonia Days									
gave rise to in	n mediate (DUE TO									
lying cause last.	cause (a), starting the under-									
PART II. OTH	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS' PERFORMED?									
PART II. OTH	brain syndrome	assoc. with a	senile brain d	lisease	, with ;	sychot	ic YES	NO [
OR CONTRIBUTING	PRACTION 20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
# 	Month, Day, Year 20d.	NJURY OCCURRED 20e P	LACE OF INJURY (Home, form	n. 20f. (City	ar town)	{Ca	unty)	(State		
Haur o.m.	While	t.	actory, street, office bldg., etc			1.4-	,,	,		
		<u> </u>			72					
	at Lattended the decea									
alive on Aug	ust 13 , 195	2, and that deat	h occurred at 1:50.							
ACTUAL 5	no. 0 h	,05			eet, city or town			ATE SIGNI		
SIGNATURE	les X	arg/rum	M.D. Spring	grield	State He	eritge 2	8-	13-59		
PHYSICIAN'S E	llis S. Margoli	n, M. D.	Sykesv	rille,	Maryland	i .				
22a. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. MAME OF CEMETERY	OR CREMATORY	22d LOCAT	ION/City, town,	or caynty)	(5	itote)		
Lucia	0/13/39	Kesa/40	Lemeler	4 17	rous	10-612	1	1181		
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS 1	240. REQ	BY REGISTING 1 7 '5	9 24b. REG	ISTRAR'S SIGN				



Page 4 should be TO DEPUTY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any deta essency, please execute the control of the chief Medical Examiner's Office along with farm PM3. Page 5 may be relatived for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the registrar prior to burial, gramation, or removal. F DEATI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

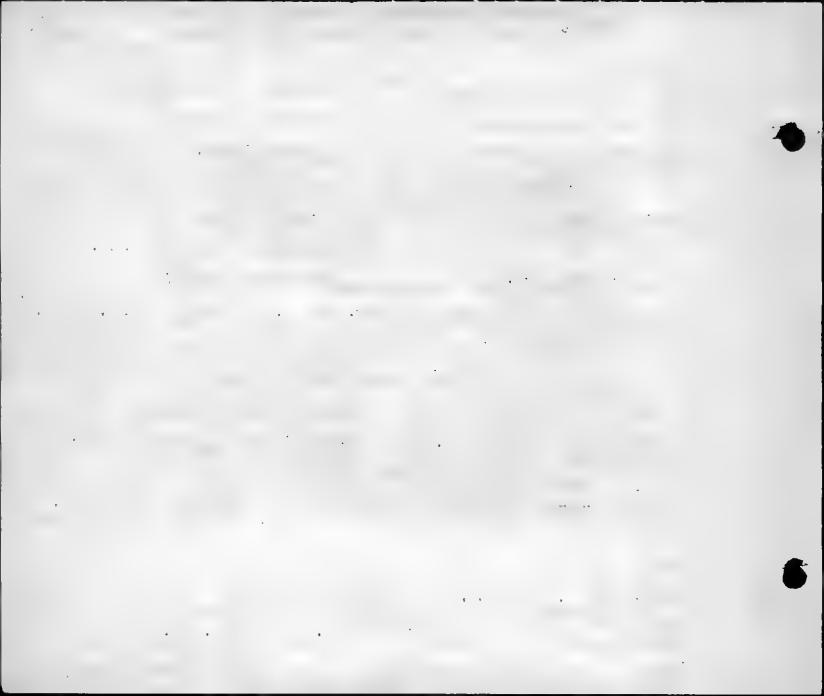
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

R

"H Reg. Dist. No. 596()

1. PLACE OF DEATH					2. USUAL RESI		/here decea	sed lived.	lf Institutio	on: Resident	ce before e	admission)
Carroll			MARY	LAND	a STATE	land.		b,	COUNTY	Cátro		
b. CITY OR TOWN (I	t eutside corporate limits, writing	e RURAL	c. LENGTH OF STAY	IN 1b	e. CITY OF T	II) NWO	outside cor	rporate limit	h, write R	URAL and a	give negres	st town)
Awkeerill	le		LY 2M 18D		Balt.	imore	n 1	Marvla	and	LVa	11 11	
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street address	8)	d. STREET AD	DDRESS					0.	S RESIDENCE ON A FARM?
Springfi	eld State	lospit	<u> </u>		5318	Cor	delia	Ave.				S NO
3. NAME OF -DECEASED	Nicolina Fir	nt	Hilda"		Last		4. DATE OF		Month		Day	Year
(Type or print)	xikidak	c	_	Seran	n		DEATH	8		15		19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED					P. AGE (In		FUNDER 1	YEAR IF L	INDER 24 HRS.
Female	White	WIDOWED	DIVORCED [ات	1 - 3 -			28	yrs.	Months D	2 Ho	ura Min.
10a, USUAL OCCUPATE	ON (Give kind of working life, even if retired)	dane 10b. K	IND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLA	CE (State	ar fareign	country)		12. CITIZE	N OF WI	AT COUNTRY?
None	,,,				Mar	vlan	đ			U.S	. 4 .	
13. FATHER'S NAME				1.	. MOTHER'S M					1 0 10		
Victor	Eltore Ser	ano			Mar	v Car	rmela	Raimo	and #			
15. WAS DECEASED EV		RCES? 16. 5	SOCIAL SECURITY NO.	17. INFO	THANK					318 C	ordel	lia Ave.
	for Jan's Blook was an orders as	30171007	2000	M	r. and	Marie	Wit at	or Sei		Balt		Ma
IR CAUSE OF DEA	TH Enter only one cau	se per line f	none	114	r. am	**1.8*	VICE	OI. Gel	LALIO	DRIL		ETWEEN
	TH WAS CAUSED BY			A							INTERVAL B	DEATH
	IMMEDIATE CAUSE (0)	Sub-	-Dural Hema	TOMAL							15	days
: /	DUE TO											
Canditions, if a		Hy	oestatic Br	onch	pneumo	nia					1 d	ay
gave rise to imme												
couse last.	(e)											
Z PART II, OTI	TER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITI	ON GIVE	Y IN PART I	(a) 19. W	'AS AUTOPSY
	_										PE	REORMED?
Chronic	Drain Sync	irone	assoc. with	Con	vulsive	Uis	order	with				M NO 🗆
20g. EXTERNAL CAL PRIMARY II or CO GAUSE OF DEATH.	NTRIBUTING -	O. DESCRIBE	HOW INJURY OCCUR	KED. (Enle	r nature at into	ry in Fart	1 or Part II	of Hem 18.	rea	ction	1	
		Fal										
20c. TIME OF INJU	RY Month, Day, Yea	20d. I	JURY OCCURRED 20	e. PLACE	OF INJURY (Ho street, office b	me, form,	20f. (Cit	y or lown)		(Caunt	y) (v)	(State)
Hour	8-74-5919	While of wor	Nat while ☐ }	ospii	al	nugi, inc.)	S	vkesvi	lle	Carro	11	Md.
			emains described			Autopsy		nspection	47979	Inquiry		nd find that
	_		, Accident 📆,			micide	-	ndetermi	ned co	promp.		
	h	1	, , , , , , , , , , , , , , , , , , , ,		''	111111111111111111111111111111111111111	L, 0	11444411111		~-~ L.		
ACTUAL	burn of	1/40			CMIEC 110	DICAL PU	41412150	,			DA	TE SIGNED
SIGNATURE	alles -	1 100		h	LD.		AMINER [•				
EXAMINÉR'S T	M M 16	n mln 26	D		ASSISTAN	T MEDICA	L EXAMINE	ER 🔲				
NAME (Type)	ame d T. Mai	sn, M	•1/ •		DEPUTY M	EDICAL E	XAMINER	Z)				
220. BURIAL, CREMATIC	N. 27b. DATE THEREC)F	22c. NAME OF CEMETE	RY OR CR	EMATORY		22d. LOCA	TION (City,	tawn, or	county)	(Siote)
REMOVAL (Specify)	8/19/59		New Cath	nedra	1 Cem.		Ba	lto.,	Md.			
23. FUNERAL DIRECTOR	'S SKINATURE	-5	ADDRESS	7	2	4a. REC'D	BY REGIST		. REGISTI	RAR'S SIGN	ATURE	
177	1 -	4.	6 000 0	X in		ATE AL	JG 1 9			Thung 's		
11/1/11	. 4	_ re_x	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	11/2	-0	VAIE AL	10 10	74	Talvill.	mus &	/ hales	

VS. A15ME(5) 5M 9/55



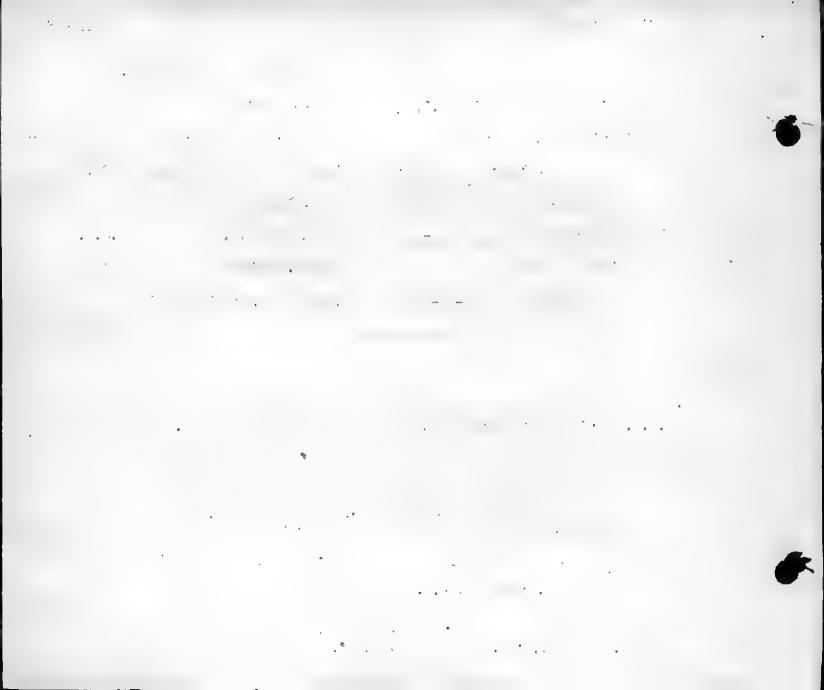
		899		AND			ATE OF D		-BAL	TIMORE,		Dist. No	089	61
	PLACE OF DEATH a. COUNTY	Carrol	1		MAI	RYLAND	- SYATE	Maryl		d lived. If institu b. COUNT			ne odmiss	an)
	b. City OR TOWN (III RURAL and give ne Sykesy :	f autside carp arest town)	orate limit	s, write	c LENGTH OF STA			WN (If outs	-	orate limits, write	RURAL one	give ne	arest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital						d. STREET AD		las /	Avenue				DENCE FARM? NO	
	NAME OF DECEASED (Type or print)			liam	Midd Her		Simons		OF DEATH	Aug		20		9 59
	Male Male	Whit		WIDOWE	D DIVOR	ED 🗍	July 25,			9. AGE (In year last birthday) yrs	Manths .	Days	Haurs	R 24 HRS Min.
10c	USUAL OCCUPATION (Give kind of work done during most of working life aven if retired) Poultry Dealer Own business Washington D.C. 12. CITIZEN OF WHAT COUNTRY? Washington D.C. U.S.A.													
13.	John Thomas Simons: 14. Mother's Maiden Name MONOXEMBREAK MARY VIRGINIA RUSSELL													
15. {Ye	WAS DECEASED EVER	If yes, give war		rvice)	578–05–855		Springfi	eld H	ospii		dress			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH Days:													
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO													
MEDICAL CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO													
1 CERTIF	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICA	20c. TIME OF INJURY Haur a.m. p.m.	f Month,	Day, Year	While	JURY OCCURRED Nat while at wark	20e. Pi	ACE OF INJURY (He schary, street, office b	ome, form, oldg., etc.)	20f (City	or tawn)		(Caunty)		(State)
	21. I certify that I attended the deceased from September 3, 19 58, to August 20, 19 59 that I last saw the deceased alive an August 20, 19 59, and that death accurred at 1215PM, from the causes and an the date stated above.													
	ACTUAL SIGNATURE	les	X.	m	agthe		M.D Sprin			treel, city or lower to Hosp			8/21	SIGNED
	PHYSICIAN'S NAME (Type)	Illis	S. M	argol	Lin, M.D.		Sykes	ville,	Mar	ryland				

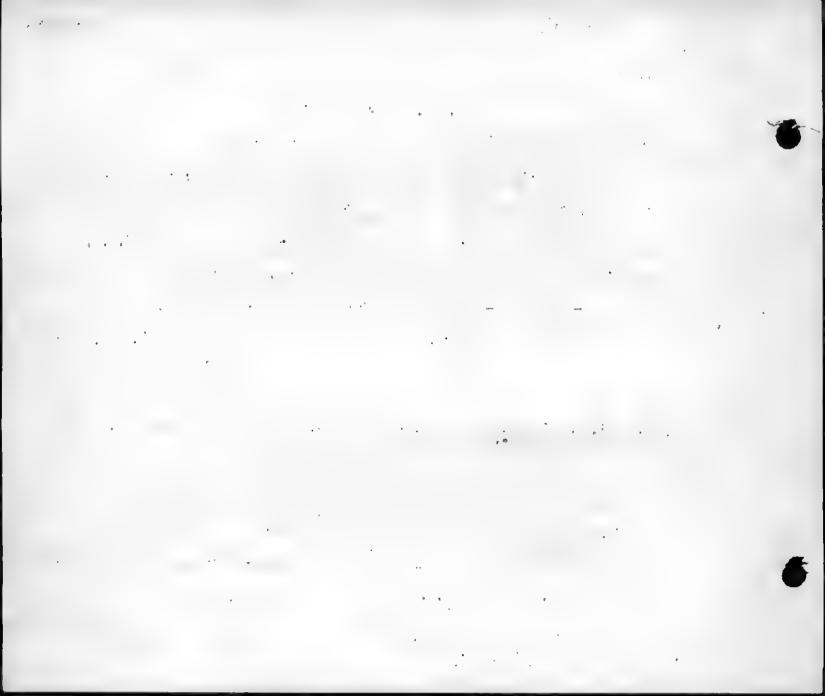
22d. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) B/22/59

FORT Lincoln Cemetery Prince George County, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR' 24b. REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE Warner E. Pumphrey, Inc. Silver Spring, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE RAYPHORE Q. Jirka DATE AUG 2 4 '59 Cutlum 8. Huma





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. of director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAt and give pagest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 2. NAME OF DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months WIDOWED A DIVORCED | L yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life; even if retired) 11. BIRTHPLACE (State or foreign country) Vidanilla corbo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which ; gove rise to immediate **DUE TO** cotie (o), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hature of injury in Port I or Port II of item#18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) Day, Year factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from Que Occup 27 and that degth occurred at 9 / ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE_

220 NAME OF CEMETERY OR CREMATORY

ADDRESS

e. IS RESIDENCE

Day

Hours

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO T

Year

195

INTERVAL BETWEEN ONSET AND DEATH 30(40) PERFORMED? YES 🔲 NO 🎏 (County) (State) Que. 274, 1959, that I last saw the deceased .W. from the causes and on the date stated above. 22d. LOCATION (City, town, or county) (Stole) 240. BEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kroue

bage 9 VS A1S (4) 15M 9/SS

FUNER

should

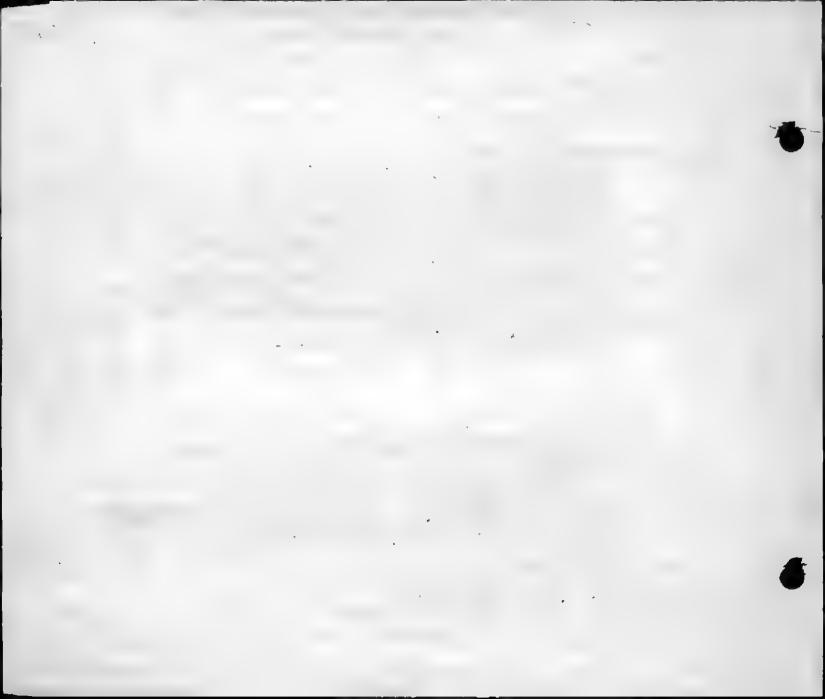
PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF





1	MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMORE, 18	
6.9 ×	8994 MEDICAL EXAMIN	NER'S CERTIFICATE OF DEATH 0896	5
Id b		Reg, Dist. No.	
please exe 4 shauld by creagation		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MASS. b. COUNTY BRISTOL	75.
Poge,	TY OR TOWN (If outside corporate limits, write RURAL ond give necreel town)	Y IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
20 Q		MO ATTLEBORO X-3	
A Prior	AME OF HOSPITAL OR INSTITUTION (If not in harpitol, give street addr ESTMINSTER RD 3	d. STREET ADDRESS 57/ PLEASANT ST. 6. IS RESIDENCE ON A FAR YES NO	RM?
ony delo funerol d r yaur fil registror	ME OF EASED ALICE AUGUSTA Middle	VILLIAMS A. DATE Month Doy Year OF DEATH AUCI, 23 195	59
for for an	6. COLOR OR RACE 7. MARRIED NEVER MARRI	ED [] 8. DATE OF SIRTH 9 AGE (In years IF UNDER 1YEAR) IF UNDER 24	
유민의 유민의	EMALE WHITE WIDOWED DIVORCED	DEC', 27. 1880 70 yrs Months Days Hours Min.	
deo deo 2 wi	SUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS Of grost of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	NTRY?
after ond	OWE-WIFE -	ATTLEBORO, MASS, U.S.a.	
10.72	THER'S NAME	14. MOTHER'S MAIDEN NAME	
4 haur ages 1 poges 5 m	S DECEASED EVER IN U. S. ARMED FORCESS 114 SOCIAL SECURITY NO	ALIVE MIC INTIRE	
Figure 1	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	7. INFORMANT Address	Me
	CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INKS RUTH W. WEER SING WESTMINSTE	R,
ed y 18.	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
form form sit p	MMEDIATE CAUSE (a)	ARY WEEL ILSIBN MIN	
in I	enditions, if ony, which) (b) CORONA A	Dies-	
d b	ve rise to immediate couse), stating the underlying DUE TO	Jan	
olo olo bu	use lost. (c)	Y The second sec	
os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO-	PSY
in ding		PERFORMED' YES \(\sum \) NO	
his cer da "per aminer Jd be	I. EXTERNAL CAUSE WAS MARY 20b. DESCRIBE HOW INJURY OCCU MARY or Contributing	IRRED. (Enter noture of injury in Part I or Part II of item 18.)	
should be should		20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (Sta factory, street, office bldg., etc.)	ale)
AMINER ing the n Medicol Page 3 st	p. m. 19 at wark at work		
Page 1	. I certify that I took charge of the remains describe		that
OR Chief	ath resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].	
CA Cote, O the C	HATURE KLUOS J. March)	M.D. CHIEF MEDICAL EXAMINER	
DEPUTY use the convoided the FUNERAL r removol.	AMINER'S JAMES / NIARS	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 8/23/	59
Cute It forwor	R AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	TERY OR-EREMATORY. 22d. LOCATION (City, town, or county) (State)	=
5 2 5 2	WOYN SPORTY AUG 26.59 NORTH F	PURCHASE CEM ATTLEBURD MASS	,
VS, A15ME(III	TERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
5M 9/55	2 Milos Hinklethingth	- / leid DATEAUG 25'59	





ADDRESS

240. REC'D BY REGISTRAR

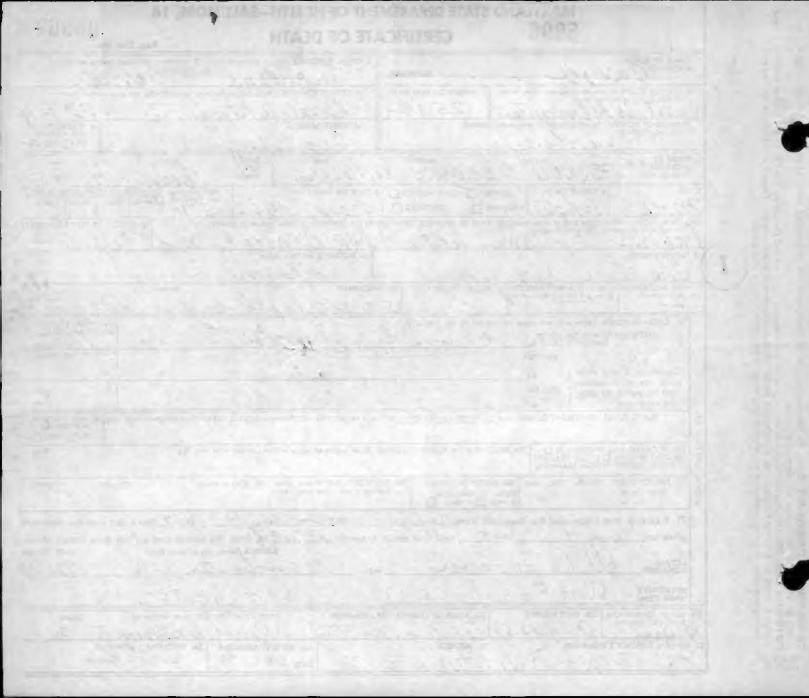
DATE AUG 1 2 '59

24b. REGISTRAR'S SIGNATURE

Circlian S. Kinua

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE



TO HOSPITAL

VS A1S (4) 15M 9/58

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Carr	,
(If autsi nearest	0
Spri	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No. 18968

									-			
1. PLACE OF DEATH o. COUNTY	LAND 2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll										
b. CITY OR TOWN RURAL and give	(If autside corporate lim nearest town) Sykes	ville c.	31 days	N 1b	Hamps	TOWN (If a	utside corpor	ate limits, writ	e RURAL o	and give ne	arest fowr	n)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTIONS pringfield State					de Street ADDRESS Main Street						e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Cedona First Middle					Zepp 4. DATE Sonth Augu					ust 30 Year 59		
5. SEX. Pemale	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8.	S-31-	1870		9. AGE Un yet los Halfhda	IF UN Mont	ths Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATION OF THE PROPERTY OF THE P	ION (Give kind of work ing life, even if retired	done 10b. KIN	ID OF BUSINESS OF	R INDUSTR	11. BIRTHPI	LACE (State	or fareign car	untry	12.	U.S.A		OUNTRY?
13. FATHER'S NAME	- Heur	4			Mer.	MAIDEN N	AME	L	in	Kel	7	
1S. WAS DECEASED ET	VER IN U. S. ARMED TOT	CES? 16. SO(ervice)	CIAL SECURITY NO.	INFO	Hospit	tal Re	cords	,	Address			
PART I. Di Halo Conditions, if gove rise to cause (a), statin lying cause las	immediate DUE TO	Bi Ai	ronchopner	moni oscle	rotic F					ON	ERVAL BE	DEATH
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	Chronic Bra was underlying [] ng [] cause of death by medical examiner;										PERFC	AUTOPSY PRMED?
20c. TIME OF INJU	10	or 20d. INJU While of work	Not while		OF INJURY of the control of the cont			ar tawn)		(Caunty)		(State)
actual SIGNATURE	that I attended the -30- Lice (Irene R. Hi	1959	from 7-29- , and that		ccurred at	3;15P	M, from I	he causes eet, city or to	and an wn, state)	the date	e stated	
Beend Special	1-2	59 ²	2c. NAME OF CEME	TERY OR	REMATORY		bee	ION (City, toy	(C	0	The	100
COLU (Tipto	a H	address,	red	Med	DATE S	EP 3 'S	0		S SIGNATU		

motest at a street and from the Jedney Add Market